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ABSTRACT

This manual explains the roles and responsibilities of caregivers of young children in preventing, recognizing, and reporting child maltreatment within and outside early childhood programs. The manual examines: (1) personal, professional, and legal influences on the roles and responsibilities of early childhood education professionals related to child maltreatment; (2) recognition of child abuse and neglect; (3) reporting of child abuse and neglect; (4) minimizing the risk of maltreatment in early childhood programs; (5) caring for maltreated children; and (6) supporting parents and preventing child maltreatment. The manual also provides a glossary, 36 reference notes, a bibliography of approximately 30 items, and a list of 16 organizations. (JDD)

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NCCAN

National Center on Child Abuse and Neglect

Caregivers of Young Children: *Preventing and Responding to Child Maltreatment*

The User Manual Series

EC 301989

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
National Center on Child Abuse and Neglect

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This manual, originally published in 1979 as *Early Childhood Programs and the Prevention and Treatment of Child Abuse and Neglect* by Diane D. Broadhurst, Margaret Edmunds, and Robert A. MacDicken, has been revised and expanded by Derry Koralek. Additional material is based on *The Role of Educators in the Prevention and Treatment of Child Abuse and Neglect*, by Cynthia Crosson Tower.

CAREGIVERS OF YOUNG CHILDREN: PREVENTING AND RESPONDING TO CHILD MALTREATMENT

Derry Koralek

1992

U.S. Department of Health and Human Services
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Administration on Children, Youth and Families
National Center on Child Abuse and Neglect

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PREFACE

In 1977, in one of its early efforts, the National Center on Child Abuse and Neglect (NCCAN) developed 21 manuals (the *User Manual Series*) designed to provide guidance to professionals involved in child protection and to enhance community collaboration and the quality of services provided to children and families. Some manuals described each professional's roles and responsibilities in the prevention, identification, and treatment of child maltreatment. Other manuals in the series addressed special topics, for example, adolescent abuse and neglect.

Our understanding of the complex problems of child abuse and neglect has increased dramatically since the user manuals were developed. This increased knowledge has improved our ability to intervene effectively in the lives of troubled families. Likewise, we have a better grasp of what we can do to prevent child abuse and neglect from occurring. For example, it was not until the early 1980's that sexual abuse became a major focus in child maltreatment research and treatment. Further, our knowledge of the unique roles that key professionals, such as early childhood educators, can play in child protection has been more clearly defined, and a great deal has been learned about the importance of enhanced coordination and collaboration of community agencies and professionals. Finally, we are facing today new and more serious problems in families who maltreat their children. For example, there is a significant percentage of families known to Child Protective Services (CPS) who are experiencing substance abuse problems; a report of the first reference to drug-exposed infants appeared in the literature in 1985.

Because our knowledge base has increased significantly and the state of the art of practice has improved considerably, NCCAN has updated the *User Manual Series* by revising many of the existing manuals and creating new manuals that address current innovations, concerns, and issues in the prevention and treatment of child maltreatment.

This manual, *Caregivers of Young Children: Preventing and Responding to Child Maltreatment*, is a revised version of one of the original user manuals. It is designed to be used in conjunction with *A Coordinated Response to Child Abuse and Neglect: A Basic Manual*, which provides the foundation for all community prevention, identification, and treatment efforts. If you have not yet read *A Coordinated Response to Child Abuse and Neglect: A Basic Manual*, we suggest that you do so before reading this volume.

It is expected that this manual will be used by early childhood education professionals in a variety of settings, including Head Start programs; private and public day care programs; part-day early childhood programs (preschools, nursery schools, and drop-in programs); school-based early childhood programs; before and after school programs for school-aged children; family child care homes and networks; and child care resource and referral agencies. Not all of the information provided is applicable to every setting; however, all caregivers of young children will find sections of the manual relevant to their roles and responsibilities. Early childhood professionals include the following individuals:

- Caregiving professionals: caregivers; teachers; assistants; aides; family child care providers; and home visitors.

- Early childhood specialists: education coordinators; social workers; parent involvement coordinators and parent educators; and coordinators of services for persons with disabilities or persons in need of mental health services.

- Administrators: supervisors of large, multicenter programs; center and/or program directors; and assistant directors.

- Trainers of caregiving professionals: consultants; Head Start education coordinators; education program specialists for military child development programs; university and college instructors and professors; and child care resource and referral program staff.

As stated above, it is best to begin by reading *A Coordinated Response to Child Abuse and Neglect: A Basic Manual* to gain an overall understanding of the different types of child maltreatment, the causes and effects, and the child protection system.

This manual should then be read in in its entirety to understand the roles and responsibilities of caregivers of young children in preventing, recognizing, and reporting child maltreatment outside and within early childhood programs. The manual also will be a useful resource when suspected incidents of child abuse or neglect arise or when early childhood educators have questions concerning their roles and responsibilities. Early childhood administrators and trainers may use this manual as a basis for developing a training curriculum for staff and parents. In addition, sections of the manual may be incorporated into ongoing staff orientation or child maltreatment training programs.

ACKNOWLEDGMENTS

Derry Gosselin Koralek is an education consultant who has worked with early childhood programs in a variety of settings for over 12 years. She has served as a State Training Officer for local Head Start programs; authored several guides for supervisors of early childhood programs; and developed comprehensive curriculum materials for caregivers of infants, toddlers, and preschoolers. She developed a modular training package for training substitute caregivers about child maltreatment, which included materials on identification, prevention, and treatment of child abuse and providing appropriate care for maltreated children. She recently conducted a needs assessment to identify the needs of children and parents who are affected by substance abuse in their homes and communities. Ms. Koralek is currently developing a training program for family child care providers in the military, training materials for school-aged child care, and a Head Start staff development guide on addressing the needs of multistressed children; she is also revising a Department of Defense child abuse and neglect training program for caregivers.

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OVERVIEW OF CHILD ABUSE AND NEGLECT

Whether caregivers* work with children from low-, middle-, or upper-income homes, at some time they are likely to encounter child maltreatment. Relatives (parents, grandparents, etc.) and nonrelatives (child care providers, teachers, etc.) who abuse and neglect children live in cities, suburbs, and rural areas; come from all ethnic backgrounds; can be male or female; and may be any age. Child abuse and neglect may be a single incident, such as a child care provider shaking an infant to make him/her stop crying; it may be a pattern of behavior, such as incest between parent and child that takes place over several months or years; or it may be parental failure to provide adequate supervision of a toddler on an ongoing basis.

Child maltreatment is often difficult to recognize, particularly in young children who are not seen regularly by anyone other than their parents and child care providers. The caregivers' frequent contacts with children put them in an excellent position to recognize and report suspected child maltreatment. In addition, by providing support to children, families, and colleagues under stress and building on family strengths, caregivers may help them learn ways to cope with their problems, thus preventing maltreatment from occurring. When maltreated children are enrolled in a high-quality child care program, the caregivers' sensitivity to their feelings and needs will contribute to their recovery from abuse or neglect.

WHAT IS CHILD ABUSE AND NEGLECT?

Child abuse and neglect is a growing national problem. Each year hundreds of thousands of children are abused by adults responsible for their care. But just what is meant by the term *child abuse and neglect*? While exact definitions differ from State to State and between military and civilian regulations and laws, most definitions describe an abused or neglected child as:

> a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his/her parent or other person responsible for his/her welfare.

HOW EXTENSIVE IS THE PROBLEM?

The most recent national incidence study reported that over a million children throughout the country had suffered from some form of maltreatment in 1986.[1]

Findings further suggest that not all cases suspected by community professionals were reported. The study projected that of the 1,424,400 children who were known by professionals to have suffered demonstrable harm as a result of maltreatment or whose health or safety was endangered by maltreatment, only 732,300 were actually reported to Child Protective Services (CPS) agencies (the agencies designed to accept and investigate reports).[2]

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*Throughout this manual the terms "caregivers," "early childhood education professionals," and "early childhood professionals," will be used synonomously with respect to their roles in preventing, identifying, and responding to child maltreatment, even though their other professional roles may differ.

National Incidence Study estimates on numbers of children abused, neglected, and sexually abused. N=1,424,400.

Physical Abuse #	Sexual Abuse #	Emotional Abuse #	Neglect #
311,500	133,600	188,100	917,200

Please note that some children suffered multiple forms of maltreatment.

WHAT ARE THE CAUSES OF CHILD ABUSE AND NEGLECT?

There are numerous variables involved in every case of child abuse and neglect; no one factor accounts for child maltreatment. Some causes have their roots in the basic fabric of society, while others seem more related to the individual's personality and view of the world. Some generally accepted causes of child maltreatment within a family include a history of family violence, the burdens resulting from poverty, and severe emotional pressures or psychopathologies. Rather than one factor that leads to abuse or neglect, there are multiple forces on families that reinforce each other and cause abuse and neglect. A caregiver who abuses or neglects a child may have been abused as a child, may believe that children should receive harsh punishment, or may have many stresses in his/her life and no coping skills. Various models for explaining child maltreatment have been proposed, but there seems to be a consensus that an ecological or systems approach is needed to address the complexity of the problem.

Interactional Causes

There are specific factors that can set the stage for child abuse and neglect. It is important to remember, however, that individuals can respond differently to the same environment. When two families or individuals both face the same difficult situation, one might become abusive while the other does not. The reasons for this are unclear. Several societal trends frequently have been cited as possible causes of child maltreatment.

- **Economic stresses** present pressures with which some individuals/families cannot cope. In many families, both parents work one or more jobs. Whether they are working to pay for the basics, such as housing, food, and clothing, or to pay for extras, such as summer camps or private schools, these parents may have difficulty coping with family responsibilities and the pressures of the workplace. Other families are less fortunate; parents are unemployed and perhaps the family is homeless. Children who spend their lives in overcrowded and substandard shelters or on the streets are potential victims of maltreatment.

- The **acceptance of violence** in our society, as evidenced by crime statistics and content analysis of television programs, movies, and print media, contributes to the belief and attitude that it is acceptable to physically punish and, in some cases, physically abuse children.

- The **lack of social support** in our society contributes to the isolation and stress often associated with child abuse and neglect. Children tend to grow up in smaller, more mobile family units, often living far away from grandparents and other relatives. The high incidence of divorce and unwed mothers results in many single-parent families and complex child custody and visitation arrangements. These situations can increase the overall pressure of raising children. Isolated from families, parents find little in the way of societal support. Adequate child care, for example, is difficult to find in the United States.

- **The lack of support for women and children**, many experts feel, reflects a negative attitude toward these two segments of society. While the United States is slowly emerging from the attitudes of the past that women and children were property, there is still a prevailing presumption that society does not need to assist families in raising their children.

- Another contributing factor to the incidence of child maltreatment is the problem of **substance abuse**. A recent study reported that 36 percent of the children placed in foster care in 1986 were taken from substance-abusing parents. A significant number of these children were also maltreated.[3] Since 1986, CPS agencies nationally have reported an epidemic of drug use among their caseloads. This situation is having a major impact on the ability of CPS agencies to intervene effectively on behalf of children and families.[4]

While societal stresses contribute to the incidence of abuse, the individual makeup of the parent, the child, and indeed, the entire family can also play a part. Parents suffering from low self-esteem, loneliness, low frustration tolerance, or depression may be unable to cope with their children. Some couples may be hampered by poor communication, blurred generational boundaries, or a lack of knowledge of child development and appropriate discipline techniques.[5] In particular, five areas of parental skill deficit increase risk for abuse: "parenting skills (e.g., too narrow a repertoire), cognitive dysfunctions (e.g., unrealistic expectations regarding children), and impulse control, stress management, and social skills problems."[6]

Intentional abuse and neglect can take place in early childhood settings, as can abuse and neglect that results from inadequate training and supervision. When caregivers or providers don't have sufficient knowledge of child development, they may have unrealistic expectations of children. In addition, they may lack the skills needed to guide children's behavior in appropriate ways. Lack of skills and knowledge can lead caregivers to respond to children's normal, age-appropriate behavior in angry, punitive ways. These caregivers may not mean to hurt a child, but they don't know what else to do to stop the unwanted behavior.

Some children are at higher risk for abuse than others. For example, there may be a higher likelihood of maltreatment for children who were born prematurely or with a handicap or were conceived in a time of parental stress or depression. In addition, the behavior of some children appears to stimulate abuse at the hands of parents and other adults. Gold suggested that children who have health problems as infants, severe allergies, severe mood swings, or hyperactivity with learning disabilities and other psychological problems may tax the resources of their parents and caregivers, perhaps resulting in abuse.[7]

WHAT ARE THE EFFECTS OF CHILD ABUSE AND NEGLECT?

Child abuse and neglect can result in permanent and serious damage to children's physical, emotional, and cognitive development. At its most serious, of course, child abuse and neglect can result in death.

While much of the work to determine the impact of abuse and neglect is based on the testimonies of survivors, more recent studies have focused specifically on the effect of maltreatment by studying children. Research on neurological impairment uncovered a significant incidence of neurological damage as a result of head injuries associated with abuse.[8] A Cornell study designed to explore the academic and social adjustment of school-aged children found significant differences in school performance between maltreated children and a control group of children who had not been abused or neglected. In 1987, this Family Life Development Center study of 530 maltreated children found that "...child maltreatment has a strong and pervasive effect on academic outcomes such as children's test scores, especially in reading."[9]

While there is no single group of behaviors that is characteristic of abused children, the presence of socioemotional problems in many maltreated children is well documented. The consequences of the abuse will vary with the developmental level of the child, the duration and intensity of abuse, and the quality of the subsequent home environment and community support.[10] Some studies report behavior that is either passive and withdrawn or very active and aggressive.[11] Other consequences may include psychiatric symptoms (such as enuresis, tantrums, hyperactivity, and bizarre behavior), low self-esteem, school learning problems, social withdrawal, oppositional behavior, hypervigilance to adult cues, compulsivity, and pseudoadult behavior.[12] Physically abused children have also been found to be significantly more self-destructive, evidencing more suicide attempts and self-mutilation.[13]

In their review of studies focusing on the impact of child abuse, Browne and Finkelhor report the following effects: fear, anxiety, depression, self-destructive behavior, anger, aggression, guilt and shame, impaired ability to trust, revictimization, sexually inappropriate behavior, school problems, truancy, running away, and delinquency.[14] Their review further suggests that many of the effects of sexual abuse continue into adulthood.[15]

Caregiving professionals play a major role in nurturing young children's development and in ensuring their future school success. Clearly, it is important that they recognize the potential short- and long-term effects that child abuse and neglect can have on children's growth and development and their performance in school.

EARLY CHILDHOOD EDUCATION PROFESSIONALS: ROLES AND RESPONSIBILITIES RELATED TO CHILD MALTREATMENT

There are personal, professional, and legal reasons why early childhood education professionals should become involved in preventing and reporting child abuse and neglect. Early childhood caregivers, early childhood specialists, and early childhood administrators in the difficult position of suspecting and filing a report of child maltreatment can take strength from knowing that such actions are supported by the education profession and by law.

PERSONAL REASONS

To begin with, early childhood caregivers, early childhood specialists, and early childhood administrators have strong personal commitments to the well-being of the children and families they serve. For many people working with young children, their professional responsibility and respect for the law are supported by a deep personal commitment to the welfare of children. The value of this personal commitment must not be underestimated, for without it child abuse and neglect prevention and treatment efforts can be no more than superficial exercises. It is this sense of personal responsibility to and for children that is perhaps the strongest reason why early childhood education professionals become involved in the struggle against child abuse and neglect.

Second, anyone who works with young children has a professional responsibility to protect them from harm. Competent caregiving professionals are concerned about the health, safety, and happiness of young children and their families. Teachers, caregivers, and family child care providers are aware that they are models and examples for the children they serve, and that they may be the only readily available source of support, concern, and caring for many children. A related responsibility is to strengthen and support families. Early childhood education professionals recognize and support the role of parents as the primary educators of their own children. They know that, in most cases, maltreated children need to remain with their parents so they can benefit from growing up in healthy families. Early childhood education professionals want to do what is best for the children in their care because their professional standards require it. Some of these standards are discussed below.

Philosophical Tenets

A Coordinated Response to Child Abuse and Neglect: A Basic Manual includes a description of the philosophical tenets on which child protection is based. Some of these provide the drive for the involvement of early childhood education in child abuse and neglect.

- **Communities should develop and implement programs to strengthen families and prevent the likelihood of child abuse and neglect.** Early childhood programs prevent child maltreatment by providing high-quality care for young children. Parents can go to work or school knowing that their children are in a safe and nurturing environment. Family child care in particular can show a troubled family healthy ways to care for and enjoy young children.

- **Child maltreatment is a community problem; no single agency, individual, or discipline has the necessary knowledge, skills, or resources to provide assistance needed by abused and neglected children and their families.** Early childhood education programs are part of the network of community agencies providing services to children and their families. By building strong working relationships with other community groups, early childhood education programs become part of a team effort to respond effectively to meet the needs of maltreated children and their families.

- **Most parents have the capacity to change their abusive/neglectful behavior, given sufficient help and resources to do so.** Early childhood education programs often provide parent education sessions or refer parents to resources in the community that will help the parents learn to use positive parenting techniques rather than ones that harm children.

- **If the goal is to help families protect their children and meet their developmental needs, then the child protection response needs to be nonpunitive, noncritical, and conducted in the least intrusive manner possible.** By continuing to provide care for children during times of crisis and extreme stress, early childhood education programs support families, provide needed child care services, and reach out to families to help them build on their strengths.

PROFESSIONAL REASONS

Code of Ethical Conduct of the National Association for the Education of Young Children[16]

The Ethics Commission of the National Association for the Education of Young Children (NAEYC) has developed a Code of Ethical Conduct for professionals who work directly with young children and families and for specialists who provide special services or supervise or train caregiving staff. The ideals and principles included in the Code address four areas of professional relationships: ethical responsibilities to children, families, colleagues, and the community and society. The following is an excerpt from Section 1: Ethical Responsibilities to Children.

Principles:

P-1.1: Above all we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, psychologically damaging, or physically harmful to children. *This principle has precedence over all others in this Code.*

P-1.5: We shall be familiar with the symptoms of child abuse and neglect and know community procedures for addressing them.

P-1.6: When we have evidence of child abuse and neglect, we shall report the evidence to the appropriate community agency and follow up to ensure that appropriate action has been taken. When possible, parents will be informed that the referral has been made.

P-1.7: When other people tell us of their suspicion that a child is being abused or neglected but we lack evidence, we shall assist them in taking appropriate action to protect the child.

P-1.8: When a child protective agency fails to provide adequate protection for abused or neglected children, we acknowledge a collective ethical responsibility to work toward improvement of these services.

Head Start Policy Instruction[17]

Nationally, the Head Start Program serves over 450,000 children through 1,285 grantees in all U.S. States and Territories. Head Start Program policies and practices serve as models throughout the early childhood community. The January 1977 Head Start Policy Instruction on the Identification and Reporting on Child Abuse and Neglect (most recently amended February 29, 1988) requires that Head Start grantees, through their social services component staff, do the following:

- Cooperate fully with CPS agencies in their communities.
- Make every effort to retain in the programs children who are allegedly abused or neglected. The child's participation in Head Start may be essential in assisting families in overcoming abuse or neglect.
- Provide an orientation for parents, using a helpful rather than punitive approach, on the prevention of child abuse and neglect and the need to provide protection for abused and neglected children.
- Designate a staff member responsible for establishing and maintaining cooperative relationships with other agencies to which child maltreatment must be reported under State law. Head Start grantees or agencies should engage in formal and informal communication with staff at all levels of all agencies.
- Provide staff training on the identification and reporting of child abuse and neglect.

These policies are applicable to any program serving young children.

LEGAL REQUIREMENTS

Most States designate early childhood caregivers, early childhood specialists, early childhood administrators, and the trainers of caregivers as mandated reporters of child abuse and neglect. (Sometimes the general term "educators" is used to include professionals who work with young children. See the definition of "mandated reporter" in the glossary.) The penalties for failure to report vary from State to State and may include fines, prison sentences of up to 1 year, or both. Professionals who fail to report might be liable to charges such as criminal negligence or accessories to assault. On the other hand, every State provides mandated reporters who act in good faith immunity from civil liability and/or criminal penalty.

Early childhood professionals have a responsibility to provide care for children and to support families. The personal, professional, and legal reasons discussed above provide a full explanation of the basis for early childhood professionals' responsibilities with regard to recognizing, reporting, preventing, and responding to child maltreatment.

RECOGNIZING CHILD ABUSE AND NEGLECT

MAKING A DIFFERENCE[18]

- Sandra is the mother of a 4-year-old girl, Kelly. Three months ago Sandra visited a community clinic for help to stop drinking and to separate from Kelly's father, Frank, who is also an alcoholic. Frank has physically abused Sandra and Kelly in the past, but both of them, especially Kelly, still feel close to him. Recently, Kelly has been very withdrawn and depressed.

  The counselor at the clinic suggested that Sandra find child care for Kelly as part of her treatment plan, both for her own peace of mind and for Kelly's safety. Because Kelly was at risk for abuse, the family was eligible for State-subsidized respite care. The counselor told Sandra about the local resource and referral (R&R) agency that could help her find child care and described the various types of care available. Kelly had never gone to child care before.

  Sandra received several referrals from the R&R and enrolled Kelly in a half-day child care program, where she is making friends and getting help from her caregivers in expressing her feelings. Sandra and Kelly are temporarily living in a shelter for women. During the time Kelly is at child care, Sandra attends a treatment program, looks for work and a new place to live, and gathers the strength she needs to start a new life.

  The clinic counselor keeps in contact with Kelly's child care program to share ideas on how to help the family and especially on how to handle Frank, who has become very angry about losing custody of Kelly.

- Ruth was 19 when her first son, Anthony, was born premature and very frail. She found Anthony very difficult to care for and sometimes shook or hit him when he cried for long periods. At age 3, Anthony was hospitalized with pneumonia at the same time that a second normal and healthy son, Brian, was born. Six months later, Ruth's husband left her. Ruth found a restaurant job and enrolled Anthony and Brian in her neighbor Marie's family day care home.

  At age 3½, Anthony was barely talking but had become very active, violent, and hard to control. Ruth favored Brian because he was an 'easier' baby, but raising them both on her own was causing greater and greater strain. Ruth was fired from her job and started using severe physical punishment when she was angry. She began asking Marie for help.

  Marie told Ruth about some local counseling and support groups and took care of the boys occasionally in the evening or for part of the weekend, but she began to see that the punishment had become physical abuse. As required by law, Marie reported the abuse to the local child welfare agency and then told Ruth that she had done so. Ruth had become frightened enough of her own violent behavior that she was willing to accept intervention.

  The children spent over a year in foster care while continuing to attend Marie's program. Child care was their greatest comfort and continuity during this difficult period. Marie was able to get some free training from the local community health center on how to set firm limits for the two boys while showing them the affection they needed.

The boys are now 7 and 4. Anthony, in a special class because of a learning disability, joins Brian at family day care after school each day. Marie still cares for the boys on occasional weekends. Anthony and Brian continue to be very challenging to care for, but Anthony has become much more confident about making friends. Learning to read is still very hard for him, but Marie is teaching him to play the guitar, since Anthony has always had an exceptional ear for music.

- Roberta and John are affluent, upwardly mobile working parents. Their 7-year-old son Steven attends second grade and an afterschool program. Three-year-old Lynn goes to a child care center. Both children are cared for by a housekeeper until late in the evening and frequently on weekends. Both Roberta and John are working toward advances in their careers; they are often away for evening meetings, work-related social events, and business trips.

  When they have time to spend with the children, they are often distracted, low-energy, and tense. They expect their children to be very bright and successful and sometimes find them disappointing. John is especially upset and critical about Steven's below-average performance in school.

  The teachers at Steven's afterschool program have begun to feel concerned about his withdrawn behavior and his lack of friends. He spends most of his time alone in fantasy play, which often involves grown-ups attacking or ridiculing the "baby." Lynn's preschool teachers are also concerned; she frequently whines and clings to adults and has had chronic colds and sore throats.

  Roberta and John did not take the afterschool staff's concerns very seriously until they began to hear from Lynn's preschool program. Parent conferences at both programs helped them understand that they have been neglecting their children's emotional needs.

  After nearly a year of discussion, both have made some adjustments and sacrifices. Steven and Lynn are slowly starting to join group activities with other children. John is beginning to confront his emotionally abusive relationship with Steven, which is very much like the pressure and ridicule he received from his own father.

- When Andrea graduated from high school she wasn't sure what kind of job she wanted. A friend suggested that she try working as a child caregiver. She came from a large family, and had always liked babysitting for her brothers and sisters ("little kids are so cute"), so she decided to apply for a job at the Bo Peep Child Development Center. Although she had no experience working with young children and had no formal education in child development or in meeting the needs of young children, Bo Peep's director, Ms. Kelly, offered her a job as an aide working with the toddler group. Ms. Kelly was sure that Andrea's positive attitude and love of children would be an asset to the program.

  Most of Andrea's training occurred on the job as she and the lead caregiver, Theresa, planned and carried out a program of activities for the 14 toddlers in their care. Theresa gave Andrea several articles on activities for toddlers and helped her learn about "what makes toddlers tick." Andrea thought it was all very interesting, but, as she was the oldest child in a family of seven, she already knew how to care for the children. She had seen four brothers and sisters grow up and knew how to keep them in line.

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> Unfortunately, Andrea soon learned that dealing with a group of toddlers can be very demanding and stressful. She was exhausted by the end of each day. One minute a child would ask to be held and cuddled, and the next she would cry because she wanted to do something for herself.
>
> Theresa recognized that this was typical toddler behavior and created ways for the toddlers to express their independence. When a child yelled "no" it didn't bother her, and she calmly redirected the child to another activity. Andrea soon began feeling that Theresa was spoiling the children. Despite Theresa's attempts to help Andrea understand what toddlers were like and what they needed from adults, Andrea refused to listen. She would develop her own ways for handling the "problem" children.
>
> One day two of the children refused to put on their coats to go outdoors. Andrea grabbed them both by their arms and squeezed hard until the children both began wailing. Theresa turned and saw a red-faced Andrea and two screaming children. Theresa saw that Andrea had lost control, and stepped in to console the crying children, giving them both hugs and reassuring them that everything would be all right. Then she asked Andrea to take a break to regain control of her behavior. Andrea agreed to go take a walk around the neighborhood until she had calmed down.
>
> Later that day, Theresa and the program director met with Andrea and explained that her behavior was absolutely inappropriate for a caregiver. They suggested that Andrea might want to seek another kind of employment. Andrea willingly resigned her position, saying that she now understood that caring for young children required knowledge and skills that she did not have. In addition, she said that she didn't think that she had enough patience to do a good job working with a group of toddlers. Theresa and the program director thanked Andrea for her honesty and wished her good luck in her next job.

Caregiving professionals who have ongoing, daily contact with children are often able to detect and report suspected child maltreatment that otherwise might go unnoticed. To recognize and report child maltreatment effectively, it is necessary to have a common understanding of the various types of maltreatment and how they are defined.

The Child Abuse Prevention and Treatment Act, as amended by the Child Abuse Prevention, Adoption, and Family Services Act of 1988 (Public Law 100-294) defines child abuse and neglect as "the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment

- of a child under the age of 18, or except in the case of sexual abuse, the age specified by the child protection law of the State
- by a person (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare
- under circumstances which indicate that the child's health or welfare is harmed or threatened thereby..."

The Act defines sexual abuse as "the use, persuasion, or coercion of any child to engage in any sexually explicit conduct (or any simulation of such conduct) for the purpose of

- producing any visual depiction of such conduct, or

- rape, molestation, prostitution, or

- incest with children..."

As a result of the Child Abuse Amendments of 1984 (Public Law 98-457), the Act also includes as child abuse the withholding of medically indicated treatment for an infant's life-threatening conditions.

Each State and community and many early childhood education programs also have definitions of child maltreatment. For example, Head Start and all branches of the military have specific definitions of child maltreatment. Caregiving professionals should find out what definitions are applicable in their community and program.

Evidence of each form of child abuse and neglect (physical abuse, neglect, sexual abuse, and emotional maltreatment) can be found in young children from birth through age 8. Sensitive early childhood education professionals can pick up clues of possible maltreatment by observing the child at the program or during routine conversations with parents. In addition, early childhood education professionals need to be alert to the behaviors of children and other staff within the program.

Physical signs of abuse or neglect are those that can actually be seen. Whether mild or severe, they involve the child's physical condition. Frequently, physical signs are bruises, bone injuries, or evidence of lack of care and attention manifested in conditions such as malnutrition.

Behavioral clues may exist alone or may accompany physical indicators. They might be subtle clues, such as a "sixth sense" that something is wrong, or sexual behaviors in young children indicating sexual knowledge not ordinarily possessed by young children, for example, sexual aggression toward younger children. Early childhood education professionals are trained to be skillful observers of children's behavior. They are aware of the range of behavior that is appropriate for children of a given age and are quick to notice when a child's behavior falls outside this range. Many programs maintain anecdotal records based on observations of individual children. Reviewing observation notes recorded over a period of time can provide useful information about changes in a child's behavior or pattern of development. These changes might indicate that the child is a victim of child abuse or neglect.

Early childhood education professionals have daily informal contacts with parents as they drop off and pick up their children from the child care center or family child care home, and more formal conversations during periodic parent conferences. During these conversations, parents might make statements about their children that indicate that they have abused or neglected their child or may be at risk for doing so. For example, a young mother comments, "Sam doesn't listen to anything I say. He is just like his father; I would be better off without him." A parent's negative comments or indifference to the child's progress in the program may cause the caregiving professional to observe the child more carefully to determine if the child shows any signs of having been maltreated.

Early childhood education professionals also use their observation skills to identify signs that child abuse and neglect might be taking place within their child care programs. For example, over a period of time a teaching assistant notices that several children avoid spending time alone with the teacher. She reports her concerns to the director. Or, a staff member sees a colleague slap a child who talked back to her or shake an infant who wouldn't stop crying. These behaviors should be considered to be child abuse and should be reported.

In the past, materials on recognizing child abuse and neglect included lists of physical and behavioral indicators for each of the types of abuse. These lists tended to be misleading, however, because recognition of child maltreatment is based on the detection of a cluster of indicators rather than observation of one or two clues. This chapter will help early childhood education professionals to recognize when a series of physical and behavioral indicators should lead them to consider the possibility of child abuse and neglect.

PHYSICAL ABUSE

Physical abuse of children includes any nonaccidental physical injury caused by the child's caretaker. The abuse might take place in a single or repeated episodes. Although the injury is not an accident, the adult may not have intended to hurt the child. The injury might have resulted from overdiscipline or physical punishment that is inappropriate to the child's age. This usually happens when an adult is frustrated or angry and strikes, shakes, or throws a child. Occasionally, physical abuse is intentional. For example, it is highly likely that abuse is intentional when a caretaker burns, bites, pokes, cuts, twists limbs, or otherwise harms a child.

Young children frequently fall down and bump into things. These accidents may result in injuries to their elbows, chins, noses, foreheads, and other bony areas. Bruises and marks on the soft tissue of the face, back, neck, buttocks, upper arms, thighs, ankles, backs of legs, or genitals, however, are likely to be caused by physical abuse. The most common cause of child abuse-related deaths is head injuries.

When staff are changing diapers or helping children go to the toilet, they might see bruises or burns that were covered by clothing. Often, abusive parents are consciously or unconsciously aware that the signs of their abuse need to be concealed so they dress their children in long sleeves or long pants. Another sign to look for is bruises at various stages of healing, as if they are the result of more than one incident. The ages of bruises can be detected by the following consecutive colors:

- red
- blue
- black-purple
- green tint, dark
- pale green to yellow[19]

This is a biochemical process that happens in all children. However, it is more difficult to detect the color of bruises in children of color, particularly black children. A physician can distinguish the age and color of bruises in any child regardless of color.

Injuries to the abdomen or the head, which are two particularly vulnerable spots, often go undetected until there are internal injuries. Injuries to the abdomen can cause swelling, tenderness, and vomiting. Injuries to the head may cause swelling, dizziness, blackouts, retinal detachment, and even death. In particular, bilateral black eyes could be an indication of bleeding in the brain.

In addition to the physical signs that a child has been physically abused, the child might also exhibit behavioral signs. Some examples include:

- Jackie (3 years old) runs to her cubby to get her blanket whenever she hears another child crying. She clutches her blanket and rocks back and forth saying, "No hitting. No hitting."

- Daniel (21/2 years old) is usually picked up by his mother. When his father comes to get him he screams and hides behind his family child care provider's legs. Earlier that day his provider overheard him playing with the dolls. He said, "I told you no wet pants. Now I'll beat your butt."

- Peter (31/2 years old) resists his teacher's offers to tuck him in at nap time or sit in her lap to hear a story. In the past he has been a very affectionate child.

- Kathy (4 years old) causes havoc all morning when she repeatedly grabs toys from the other children. She spends the afternoon in the book corner sitting by herself and stroking her blanket.

- When she notices the big bruise on his arm, Troy (41/2 years old) tells his mother, "Ms. Tracy squeezed my arm real hard, and I cried."

- Six-month-old Daniel lies quietly in his crib when he wakes up, looking around the room but not crying or attempting to get his caregiver's attention.

CHILD NEGLECT

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical (for example, inadequate clothing for cold weather), medical (for example, refusal to seek health care when a child clearly needs medical attention), educational (for example, failure to enroll a child of mandatory school age), or emotional (for example, chronic or extreme spouse abuse in the child's presence). Severe neglect often results in death, particularly in the case of very young children. While physical abuse tends to be episodic, neglect tends to be chronic. Neglectful families often appear to have many problems that they are not able to handle. It is often very difficult to facilitate change in the behavior of chronically neglectful families. In an early childhood program, neglect may also be chronic. For example, it might be standard practice for a program to leave infants in their cribs for most of the day, rather than providing a safe area for them to move about.

When considering the possibility of neglect, it is important to look for patterns. Do the signs of neglect occur rarely or frequently? Are they chronic (occurring almost every day), periodic (happening after weekends, vacations, or absences), or episodic (seen twice during a period when the child's mother was in the hospital)?

Some examples of signs that might indicate a child is being neglected include the following:

- Mrs. Samuelson, a family child care provider, had 10 children in her care (4 more than she is licensed to care for). The children are a handful, but her 12-year-old daughter, Kimberley, helps with the children when she comes home from school. One afternoon Mrs. Samuelson's neighbor calls and asks for a ride to a doctor's appointment. Her husband was supposed to take her, but he had an emergency at work and had to work late. Mrs. Samuelson wants to help this neighbor. Several times the neighbor has looked after the family child care children while Mrs. Samuelson ran an errand. She asks Kimberley if she thinks she can handle the children. "Oh sure," says Kimberley. "I'll just read them stories until you get back." While Mrs. Samuelson is gone, Kimberley gathers the children together and reads to them. One child says he is hungry. Kimberley says that they can have a snack when her mother returns. The hungry child stays put for a while, but then he wanders off into the kitchen looking for food. Kimberley doesn't notice that he is gone. The child stands on a chair to reach the cookies in the cupboard. He slips and falls, knocking his head on the corner of the counter.

Kimberley hears him crying and rushes into the kitchen. She finds him lying on the floor with a bleeding forehead.

- Five-year-old Andrea tells her teacher she is tired this morning because her 6-month-old brother, Max, woke her up. She says, "My mommy wasn't home yet so I made Max a bottle and gave it to him. Then he finally went back to sleep."
- Geraldine (41/2 years old) tells her father that she is very hungry because she didn't have any lunch. When he asks her why she didn't eat, Geraldine says that her teacher took lunch away from her and her friend because the two girls were playing instead of eating.
- David (4 months old) arrives at his family child care home with a severe diaper rash. The family child care provider, Mrs. Taylor, lets his mother know and asks for permission to use some ointment that will heal David's skin and protect it from further irritation. The mother says, "If you've got the time to put that greasy stuff on, go ahead." Mrs. Taylor uses the ointment all week and the rash goes away. She gives the mother the tube to take home and use over the weekend. On Monday morning David arrives with the rash again. This pattern is repeated over a 4-week period.

Nonorganic Failure To Thrive

A form of neglect that affects infants and young children is nonorganic failure to thrive. Failure to thrive may occur when a child does not grow or develop during the first 3 years of life. Failure to thrive is the diagnosis if the child's height, weight, or head circumference is less than the third percentile.[20] Typically, the child's weight will be below the third percentile with the child's head circumference and height above the third percentile. Organic failure to thrive is caused by a child's physiological problems, whereas nonorganic failure to thrive is due to environmental problems related to nurturing and/or feeding.[21]

The diagnosis of nonorganic failure to thrive caused by emotional deprivation or physical neglect is supported if the infant gains 1.5 ounces a day for 1 week in a "safe" environment (for example, the hospital). Infants may also have developmental delays, such as not being able to sit up or feed themselves. These children may exhibit additional physical symptoms, for example, vomiting or diarrhea, anemia, rashes, urinary tract infections, fevers, weakness, or extreme tiredness. A failure-to-thrive infant may be spastic and rigid or have extremely poor muscle tone. In the latter case, caregivers describe their appearance as "floppy." Most infants with failure to thrive are not able to move around. The caregiving professional should be concerned about the child who appears to have lost weight and be especially sensitive to an infant who has declined 25% from his/her growth curve.

Infants and young children may also exhibit behavioral signs of this type of neglect. Infants may be unresponsive and withdrawn. They do not respond to their caregivers' smiles and coos. They rarely cry or express any kind of frustration. Researchers studying these children report that they tend to avoid contact with their caregivers. When caregivers try to interact with these infants, they look away, actively cover their faces with a hand, or turn away to face the wall or some other inanimate object. The infants tend to scan their environment, not focusing on any single person or object.

Mothers of failure-to-thrive children may feel incompetent and unable to meet their children's needs. These mothers may have a low tolerance for irritation and seem angry and depressed. Often, the pregnancy of the child was neither planned nor wanted. These families are likely to need extensive family-centered counseling and training in appropriate parenting and nurturing techniques. Their children need a nurturing environment, including nutrition therapy and physical contact, and at times may need to be hospitalized.

SEXUAL ABUSE

Sexual abuse includes a wide range of behavior: fondling a child's genitals, intercourse, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or pornography. Sexual abuse may begin with inappropriate touching (for example, fondling) and progress to more intensive or traumatic forms of sexual abuse (for example, intercourse). These behaviors are contacts or interactions between a child or adult in which the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child. For example, if a 14-year-old summer camp counselor touches the genitals of a 5-year-old who is in his care, this would be considered sexual abuse.

Sexual abuse may take place within the child's immediate family (referred to as incest)* or at the hands of adult caretakers outside the family, for example, a relative (aunt, cousin, or grandfather), family friend, or a teenage neighbor. Boys as well as girls are vulnerable to sexual abuse, although statistically boys are not as likely to report as girls.[22] This may be due to the socialization of boys, which teaches them that they should not acknowledge vulnerability and should be aggressors rather than victims.

Recently, media attention has focused on incidents of sexual abuse that have occurred in child care centers and family child care homes. Individuals who sexually abuse young children in child care settings might be family child care providers, caregivers, directors, support staff, bus drivers, or volunteers; in short, anyone who has access to the children. Abuse occurs most frequently in bathrooms while children are being assisted with toileting. For this reason, many centers have removed the walls from toilet stalls in bathrooms used by children aged 5 and under. A recent study defined the risk to children as 5.5 sexually abused children per 10,000 enrolled, which is lower than the risk that children might be sexually abused in their own households, 8.9 per 10,000 for children under 6 years of age.[23] Minimizing the risk of child abuse and neglect in child care centers and family child care homes is discussed in more detail later in this manual.

Sometimes children report sexual abuse immediately after an incident. Other times the abuse goes on for months or even years before the child reports it or before it is discovered by someone else. Many times, children do not report the abuse because the perpetrator has threatened that he/she will harm the child or the child's parents. In some cases, perpetrators tell children that they will be harmed by monsters or other creatures that young children are typically afraid of. Often, the abuser knows how to manipulate children and promises them gifts or attention in exchange for playing sex games.

The physical signs of sexual abuse include some that an early childhood education professional would notice while routinely caring for young children. For example, while helping the child use the bathroom, a caregiver may notice a child's torn, stained, or bloody underclothing or bruises or bleeding in the child's external genitalia, vaginal, or anal area. If a child says that it hurts to walk or sit or if he/she complains of pain or itching in the genital area, a caregiver should take note and watch to see if it is a recurring condition.

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*Some experts refer to this abuse as incest only if the family member lives within the immediate household. Others group all close relatives under incest. There are also differences in the classification of abuse at the hands of unrelated persons living with the child, for example, mother's live-in boyfriend.

Young children who have been sexually abused may also exhibit behavioral signs of their abuse. They may show excessive curiosity about sexual activities or touch adults in the breast or genitals. Some children who have been sexually abused are very afraid of specific places, such as the bathroom or a bed. Sexually abused children may also act out their abuse using dolls or talking with other children about sexual acts. Such premature sexual knowledge may be a sign that they have been exposed to sexual activity. However, there is a great deal of controversy in the literature regarding the use of dolls, particularly anatomically correct ones, and whether demonstrations of interest in genitalia by young children should be construed as an indication of sexual abuse. Therefore, caregiving professionals should *not* encourage a child to demonstrate what might have happened to them using dolls unless they have received adequate training to conduct such assessments and are familiar with the research regarding the use of dolls.[24]

Some examples of behavioral signs that might indicate a child is being sexually abused include the following:

- Five-year-old Marci displays precocious sexual behavior. Frequently, her teacher sees her off by herself masturbating. One afternoon, her teacher heard her asking one of the boys if he would show her his penis. On another occasion, the teacher saw her laying the dolls on top of each other. Marci whispered to one of the dolls, "I promise not to hurt you."

- A teacher is helping Jason (age 4) get to sleep at nap time. For several weeks, Jason has been having a hard time settling down. When he does fall asleep, he sometimes wakes up crying about monsters. Today, he turns to his caregiver and says, "I've got a secret, but I can't tell you what it is."

- The children in the preschool room are sitting at the table with their caregivers eating lunch. Nancy (31/2 years old) is wiggling around in her seat a lot. Her caregiver asks her if she needs to go to the bathroom. Nancy says, "No, it's not that. My bottom hurts where Gary poked me." Gary is her 15-year-old brother.

- The children and caregivers are outside on the playground. Simone (age 41/2) needs to go inside to the bathroom. Ms. Fox says, "I'll take her." The other caregiver, Ms. Young, says, "But it's my turn." Ms. Fox insists that she will take the child. Simone says, "I don't have to go any more." Ten minutes later Simone comes up to Ms. Young and says, "I want you to take me. You don't hurt me."

EMOTIONAL MALTREATMENT

Emotional maltreatment includes blaming, belittling, or rejecting a child; constantly treating siblings unequally; or a persistent lack of concern by the caretaker for the child's welfare. It also includes bizarre or cruel forms of punishment (for example, locking a child in a dark closet). This type of abuse is the most difficult form of child maltreatment to identify because the signs are rarely physical. The effects of mental injury, such as lags in physical development or speech disorders, are not as obvious as bruises and lacerations. Sometimes children exhibit behavior such as facial tics, rocking motions, and odd reactions to persons in authority. Some effects might not show up for many years. Also, the behaviors of emotionally abused and emotionally disturbed children are often similar.

While the behavior of emotionally maltreated and emotionally disturbed children is similar, watching how parents behave can help to distinguish disturbance from maltreatment. The parents of an emotionally disturbed child generally accept the existence of a problem. They show concern for the child's welfare and are actually seeking help. The parents of an emotionally maltreated child often blame the child for the problem (or ignore its existence), refuse all offers of help, and are unconcerned about the child's welfare.

Although emotional maltreatment does occur alone, it often accompanies physical or sexual abuse. Emotionally maltreated children are not always physically abused, but physically abused children often are emotionally maltreated as well.

An example of signs that might indicate a child is being emotionally maltreated includes the following:

- Each time he comes to pick up Nathan (51/2 years old), Mr. Wheeler makes fun of his son's efforts. Typical comments include: "Can't you button that coat right. You never get the buttons lined up with the holes. You look like an idiot." "What's that a picture of? Is that the only color you know how to use?" "Can't you climb to the top of the climber yet? All those other kids climbed to the top. What's the matter with you, are your legs too short?"

Emotional abuse may also result from family violence, that is, children witnessing physical and emotional assaults between their parents. An example follows:

- Martina is making her first home visit to the Peterson family: Mrs. Peterson and her three young children. She rings the door bell and waits a long time for Mrs. Peterson to come to the door. She can hear lots of noise inside the apartment: loud music, adults arguing, and children crying. She rings the bell again, thinking that perhaps they did not hear her. Finally, the door opens and a man pushes his way past her. She looks inside and sees Mrs. Peterson bent over and holding her stomach. The three children are standing in the kitchen doorway holding onto each other. They look very scared, but they are not crying.

Emotional maltreatment may also take place in a child care setting when an early childhood professional uses words that belittle or shame a child, gives the child dirty looks, or consistently ignores a child. An example follows:

- Yolanda (3 years old) was so busy playing with her friends in the house corner that she wet her pants instead of using the toilet. Ms. Warner notices the girl's wet pants and walks over to the house corner. With her hands on her hips, Ms. Warner sternly says, "Well, Yolanda, I see that you aren't just playing house, you really are a baby. Only a baby would wet her pants. You're going to have to go back to the baby room if you can't keep your pants dry. Only big girls who can use the toilet can be in this room." Yolanda bursts out crying and runs to find the other teacher in the room.

CULTURAL DIFFERENCES[25]

In the United States, people come from many different cultures: African American, Asian, European, Hispanic, and Native American, to name a few. During the past 20 years, the United States has experienced a great influx of immigrants from all over the world: Afghanistan, Cambodia, Cuba, El Salvador, Ethiopia, India, Iran, Mexico, Nicaragua, the Philippines, Thailand, Vietnam, and so on. Because the children and families served by early childhood education programs reflect this cultural diversity, it is extremely important that caregivers of young children learn about and show sensitivity to the cultures and ethnic groups of the children in their care. This sensitivity will help caregivers distinguish between cultural child-rearing practices that are merely different and those that are defined by law as abusive or neglectful.

Caregivers may encounter some parents whose values or customs are different from their own. When this happens, caregiving professionals should take an honest and direct approach and ask the parents to explain their views and beliefs so that they can better understand the environment in which the child is being raised.

Child-rearing practices vary among families, cultures, and ethnic groups. In some families, children are expected to obey their parents without questioning the reasons for a parent's request. In many cultures, children are taught not to express negative feelings or opinions in front of their elders. While some cultures teach children to avoid making eye contact with adults, others chastise children who do not make eye contact: "Look at me when I'm talking to you." Most early childhood education programs in the United States encourage children to be independent because educators believe that this helps children to develop positive self-esteem. Yet many cultures encourage preschoolers to be dependent on their parents until they are school age, believing that young children need to feel that they will be taken care of. Clearly, there can be more than one right way to care for young children.

It is important to remember, however, that legal definitions of child abuse and neglect are not flexible. Even when an abusive practice is considered to be a cultural practice, it is still child abuse, and caregivers of young children are mandated to report it.

OBSERVING CHILDREN OVER TIME

In high-quality early childhood programs, caregivers, family child care providers, and others who work directly with the children conduct numerous scheduled and spontaneous observations of the individual child participating in the program. These observations provide valuable information about the child's strengths, needs, interests, and progress. Over time, the written records of these observations provide a history of the child's life in the program. When the child's behavior changes suddenly, reviewing the observation records might provide clues to the causes for the child's sudden fears, hostility, or passivity.

Observers should watch and listen to the children, writing down what children do and say as it happens. Recordings should be as objective as possible, reporting the facts rather than reflecting opinions or drawing conclusions. For example, when watching two children arguing over a toy, an objective recording would state: "Tom grabbed the block from Andrew," rather than "Tom was bad today; he grabbed a block from Andrew," or "Jimmy came to the center today with a dirty diaper, for the third time this week," rather than "Jimmy was a mess." Objective recordings allow the caregiver to focus on the present and what actually occurs. Care providers can interpret their observations when they have time to read the notes, review the notes from previous observations of the child, and discuss their thoughts with colleagues or supervisors.

To get a total picture of the child, caregivers must observe children at different times of the day, alone and with other children or adults, indoors and outdoors, and in different settings. A child may behave quite differently while having his/her diaper changed than he/she does while crawling in the play area. Also, a single observation cannot provide a complete picture of a child. Observations are most useful when they are conducted regularly throughout the time the child participates in the program, for example, at least weekly. At times, the caregiver may find it helpful to ask another adult to conduct an observation of a child whose behavior is troubling. This second observation might provide a new perspective on what is causing the child's upsets. Children should be observed more frequently if there is a suspicion of maltreatment.

Observation records are used in planning, individualizing, evaluating, and reporting to parents. They also can be used to identify signs that a child has been abused or neglected. When an early childhood education professional first observes signs of possible abuse or neglect, he/she should review the observation records to see if there are patterns of behavior. For example:

A caregiver notices that Marisa (34 months), who is usually a poor eater, asks for extra helpings at lunch. A review of the observation records shows that Marisa has asked for extra food several times in the past 3 months. In addition, the observation records have documented that she has had several unexplained stomach aches and numerous toileting accidents. The caregiver sees the look of terror on Marisa's face when her grandfather unexpectedly comes to pick her up. She knows that it's time to discuss her suspicions with a colleague.

If the observations reinforce suspicions of child maltreatment, then a report must be filed. The observation records will become part of the documentation for the report. Although the notes are confidential, they can be requested by CPS or a law enforcement agency. If one of these agencies requests the records, then the caregiver must provide them. The agency will use these records to investigate the allegation further so that the child and family can begin receiving treatment.

RECOGNIZING CHILD ABUSE AND NEGLECT THROUGH CONVERSATIONS AND INTERVIEWS

Early childhood programs are generally family oriented, providing a great deal of formal and informal communication between program staff and families of the children in the program. Caregivers may gather important information about the family from routine conversations with parents and children. During daily dropoff and pickup times and at scheduled conferences, parents provide details of family life, discuss discipline methods, or ask for help with problems. Young children enjoy talking about their families so they, too, may provide information about the family's interactions and home life.

Conversations with the parent can provide clues to how the parent feels about the child. The presence of child abuse and neglect may be indicated if the parent constantly:

- Blames or belittles the child ("I told you not to drop that. Why weren't you paying attention?").
- Sees the child as very different from his/her siblings ("His big sister Terry never caused me these problems. She always did exactly what she was told to do.").
- Sees the child as "bad," "evil," or a "monster" ("She really seems to be out to get me. She's just like her father, and he was really an evil man.").
- Finds nothing good or attractive in the child ("Oh well. Some kids are just a pain in the neck. You can see this one doesn't have anything going for her.").
- Seems unconcerned about the child ("She was probably just having a bad day. I really don't have time to talk today.").
- Fails to keep appointments or refuses to discuss problems the child is having in the program ("That's what I pay you for. If she's getting into trouble it's your job to make her behave.").
- Misuses alcohol or other drugs.

When the caregiver knows a family well, he/she is in a better position to gauge whether a problem may be child abuse and neglect or something else, a chronic condition or a temporary situation, a typical early childhood problem that the program can readily handle, or a problem that requires outside intervention. Family circumstances may also provide clues regarding the possible presence of abuse or neglect. The risk of abuse or neglect increases when families are isolated from friends, neighbors, and other family members or if there is no apparent "life-line" to which a family can turn in times of crisis. Marital, economic, emotional, or social crises are some causes of family stress that can lead to child abuse or neglect.

When considering the possibility of child abuse and neglect, a caregiver of young children may want to talk with a child about a particular incident. Before having this conversation, the caregiver must be convinced that such a conversation will not put the child in further danger. Such a conversation is appropriate provided it is handled nonjudgmentally, carefully, and professionally.

Remember, an early childhood education professional does not need to prove child abuse or neglect beyond a reasonable doubt before reporting. All he/she needs is to have a reasonable ground for suspecting the presence of abuse or neglect. It is CPS' role to conduct a thorough investigation to determine whether child abuse and/or neglect exists.

Talking With the Child

When children's verbal skills are advanced enough for them to participate in conversations, they may be able to answer questions about their injuries or other signs of maltreatment. The caregiver should keep in mind that the child may be hurt, in pain, fearful, or apprehensive. Every effort must be made to keep the child as comfortable as possible during the discussion.

The primary purpose for the discussion is to gather enough information from the child to make an informed report to the CPS agency. Once the essential information has been gathered, the caregiver should conclude the conversation. *When the early childhood education professional is talking with the child, he/she is not conducting an interrogation and is not trying to prove that abuse or neglect has occurred.*

The person who talks with the child should be someone the child trusts and respects, such as a caregiver, family child care provider, or teacher. The conversation should be conducted in a quiet, private, nonthreatening place that is familiar to the child. In nice weather, a pleasant spot outdoors might be appropriate.

For example, a teacher might see the child alone in the book corner reading a book. She could sit with the child, strike up a conversation, and try, in the course of the conversation, to steer the discussion toward his/her injuries. She might say, "I noticed that new bruise on your arm this morning. It must have hurt when you got it. Would you like to talk about it?" The teacher should then wait to see if the child wants to talk about the bruise or change the subject to something else. If the child changes the subject, the teacher should go along with the change in conversation and not push the child to talk about the injury.

When children are willing to discuss their injuries, they should be reassured that they have done nothing wrong. Maltreated children often feel, or are told, that they are to blame for their own abuse or neglect and for bringing trouble to the family. Therefore, it is important to reassure children that they are not at fault. The caregiving professional talking with the child must be very careful not to show any verbal or nonverbal signs of shock or anger when the child is talking about what happened to cause the injury.

It is important for caregivers of young children to use terms and language the child can understand. If a child uses a term that is not familiar (such as a word for a body part), the caregiving professional may ask for clarification or ask the child to point to the body part he/she means. Caregivers of young children should not make fun of or correct the child's words; it is better to use the same words to put the child at ease and to avoid confusion. If the child is showing sexual knowledge that is inappropriate for that age group, the caregiver could ask in a quiet, low-key tone, "Where did you learn about...?"

Children should not be pressed for answers or details that they may be unable or unwilling to give. For example, it would be inappropriate to ask, "Did you get that bruise when someone hit you?" If the child changes what he/she has already said, the caregiver should just listen and note the change. The caregiving professional should not ask "why" questions. *Caregivers of young children can actually do the child more harm by probing for answers or supplying the child with terms or information.* Several major child sexual abuse cases have been dismissed in court because it was felt that the initial interviewers biased the children.

If children want to show their injuries, the caregiver should allow them to do so. But if a child is unwilling to show an injury, the caregiver should not insist, and, of course, no child should be pressed to remove clothing.

Caregivers must be sensitive to the safety of the child following the disclosure; the child might be subject to further abuse if he/she goes home and mentions talking with someone at the program. If a caregiver of young children feels that the child is in danger, CPS should be contacted immediately. Support from CPS may provide protection for the child. A CPS caseworker may need to interview the child at the program. If so, the program should provide a private place for the interview, and a caregiver, teacher, or provider whom the child trusts should be present throughout the interview. If it is necessary for the CPS caseworker to remove the child from the program for a medical examination, caregivers should request a written release from the CPS caseworker.

Talking With the Parent(s)

There are several points at which caregivers of young children might want to communicate with a parent about suspected child abuse and neglect. These points range from a teacher observing some possible signs of child maltreatment and wanting to get to know the family better to letting parents know that someone at the program has filed a report of suspected child abuse and neglect.

The caregiver should confer with supervisors or colleagues to identify the most appropriate person to meet with the parents. In some cases, this will be the person who provides direct care for the child: the caregiver or teacher. In other cases, the program director, social worker, education coordinator, or mental health specialist will be preferred. Sometimes a team approach is best, with the person who works closest with the child accompanied by an administrator or support staff. If a family child care provider is part of a network, he/she may want to have a colleague or supervisor present.

It is never appropriate for a caregiving professional to try to "prove" a case of maltreatment by accusing parents or demanding explanations for a child's injuries or behavior. At the same time, if a teacher fears that the discussion of possible maltreatment might make the child even more vulnerable to abuse, it is essential to talk with CPS prior to scheduling or conducting the meeting with the parents.

Parents may be apprehensive or angry at the prospect of talking with the program staff about an injured or neglected child. The caregiver may know the parents well from daily interactions with them and because their child has been in the program for a long time. The caregiving professional should hold the meeting in a private place and try to make the parents as comfortable as possible. At the beginning of the conversation, the caregiver must clearly explain the reasons why the meeting was called. If program staff have taken any action or will in the near future (filing a report of suspected child maltreatment, for example), the legal authority for the action should be explained. Parents may not realize that early childhood education professionals are mandated to report suspicions of child abuse and neglect.

In talking with the parents, the early childhoold education professional should respond in a professional, direct, and honest manner. If parents offer explanations, staff members may demonstrate empathy. Staff should never display anger, repugnance, or shock. Keeping in mind that situations that appear to be maltreatment might turn out to be something else, caregivers should avoid placing blame or making judgments or accusations.

It is important to assure parents that the discussion is confidential; however, make it clear whether some of what is discussed must be revealed to a third party (for example, the CPS agency). Caregivers of young children should avoid prying into matters extraneous to the subject at hand and *never betray the child's confidence to the parents* (for example, it is inappropriate to say, "Your child said...").

Parents have a right to know that a report has been made. They need to hear that the program will continue to support them through this difficult time. The caregiving professionals should let parents know that program staff care about them and their child and will continue to provide the same high-quality care as in the past. It is important not to alienate the family. Family members will be more open to assistance if they know that staff members are willing to help.

When program staff do not tell the parents, they often feel betrayed or that someone has "gone behind their back." In these instances, the parents are not likely to trust the program staff and may remove their child from the program. Also, although CPS is mandated *not* to reveal the name of the referral source, the parents nearly always know where the report has come from, and attempts at concealment only anger them further.

The chart following this page (Figure 1) summarizes the points discussed above. Spaces are provided for early childhood education programs to add their own interviewing tips based on local policies and procedures.

SUMMARY

When working with young children and their families, it is not easy to remain objective about the signs of abuse and neglect. Knowledge of the children and their families cannot help but influence how a caregiver interprets a child's physical injury or behavior. An educator may ignore signs and think that this child's mother or father, or his/her colleague, couldn't possibly be abusive or neglectful. The response of the caregiving professional will also be influenced by cultural values, personal values, and training. The early childhood educator must remember that abuse and neglect occur in all kinds of families. Parents who maltreat their children come from every race, income level, gender, and culture.

Despite this warning that personal biases and feelings will influence the ability to recognize child abuse and neglect, caregivers of young children should remember that sometimes it is extremely difficult to recognize abuse and neglect. It is crucial to remember that there are large gray areas that might be considered abuse or neglect by some people and not others. Families may frequently pass in and out of this gray area, and this movement influences the way the family is labeled and treated.

The caregiver's responsibilities regarding child abuse and neglect include recognition followed by reporting. The staff member is not responsible for investigating an occurrence of suspected abuse or neglect. Once the signs lead to a suspicion of child abuse or neglect, a report must be filed. The caregiver is not required to prove these suspicions. How, when, and where to file reports of suspected child maltreatment are discussed in the next chapter.

FIGURE 1

Tips for Talking With a Child or Parent

When Talking With the Child

DO:

- Make sure the ECE professional is someone the child knows and trusts.
- Conduct the discussion in a place that allows for privacy but is familiar to the child.
- Use only one or two ECE professionals.
- Sit next to the child at his/her level.
- Engage the child in a conversation but do not press the child to talk about the injuries if he/she does not want to.
- Ask the child to clarify words or terms that are not understood.
- Assure the child that he/she has done nothing wrong.
- ____
- ____

DO NOT:

- Suggest answers to the child.
- Probe or press for answers the child does not willingly offer.
- Force the child to remove clothing.
- Display horror, shock, or disapproval of the parent(s), child, or situation.
- Leave the child alone with a stranger.
- Ask "why" questions.
- ____
- ____

When Talking With the Parent(s)

DO:

- Select the person most appropriate to the situation.
- Conduct the discussion in private.
- Tell the parent(s) why the discussion is taking place.
- Be direct, honest, and professional.
- Reassure parent(s) of the program's support to them and to their child.
- Tell the parent(s) if a report was made or will be made.
- Advise the parent(s) of the program's legal and ethical responsibilities to report.
- ____
- ____

DO NOT:

- Try to prove the abuse or neglect; that is not an ECE professional's role.
- Display horror, anger, or disapproval of the parent(s), child, or situation.
- Pry into family matters unrelated to the specific situation.
- Place blame or make judgments about the parent(s) or child.
- ____
- ____

REPORTING CHILD ABUSE AND NEGLECT

The involvement of early childhood education professionals in reporting child abuse and neglect is mandated or supported by State laws. In addition, each branch of the military has issued regulations, and many local child development agencies have established their own policies and procedures. Each of these levels encourages, mandates, or provides authority for the involvement of caregivers of young children in reporting child maltreatment by stating what is required of them and how that obligation is to be fulfilled.

STATE LAWS

All States, the District of Columbia, and the Territories have a reporting statute for child abuse and neglect. While each of these laws differs from the others in one or more ways, all share a common framework. In general, reporting statutes define child abuse and neglect and specify who must report, to whom the abuse or neglect must be reported, and the form and content of the report. Given the diversity of the different State statutes, caregiving professionals should obtain and review a copy of the law in their State. A review of the major points contained in most laws follows.

Who Reports

Most States mandate reporting of suspected child abuse and neglect by those who work with or are in contact with children such as social workers, doctors and nurses, educators, and law enforcement officers. Some States spell out what is meant by a person who works directly with children in a center-based or family child care program, such as administrators, directors, teachers, teacher aides, caregivers, family child care providers, counselors, home visitors, and so on.

Definitions of Child Abuse and Neglect

States are often very specific in their definitions of child maltreatment. Most States include in their definition nonaccidental physical abuse, neglect, sexual abuse, and emotional (or mental) maltreatment by a person responsible for the child's welfare. Many States have included in their definitions of sexual abuse the production of child pornography or compelling children to view sexually explicit materials or acts.

INFORMATION KEY #1:

DEFINITION OF CHILD ABUSE AND NEGLECT*

According to the laws in this State, reportable child abuse and neglect is defined as: ______________________________

____

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*Throughout the text of this manual are a series of Information Keys designed to be completed with appropriate information on the State or local program. Caregivers of young children are encouraged to fill out these Information Keys to provide useful information if problems with child maltreatment should arise.

When To Report

State statutes vary with respect to when a report must be filed. While early reporting is vital, it is wise to keep notes on behaviors, bruises, and other suspicious evidence regarding the child. These informal, personally kept notes may be invaluable in filing the report and providing additional information to the CPS agency. It is helpful to continue to take notes even after a report is filed to provide updates for CPS investigators.

While States require the reporting of suspected abuse and neglect, no State requires that the reporter have proof that the abuse or neglect occurred before reporting. The laws clearly specify that reports must be made when the individual "suspects" or "has reasonable cause to believe" that abuse or neglect has occurred. In any case, the intent is clear; staff members must report incidents as soon as they notice them. Waiting for proof may involve grave risk for the child. Proof may be long in coming; witnesses to child abuse and neglect are rare, and the child's testimony may be disbelieved or inadmissible. Reports are made in terms of the child's possible condition, not in terms of an accusation against parents. A report of suspected child abuse and neglect states that a child *may be* an abused or neglected child, not that the parents *are* causing harm to their child. Further, it is not the caregiver's role to validate the abuse. This is the job of CPS caseworkers who have been trained to undertake this type of investigating.

INFORMATION KEY #2: WHEN TO REPORT

1. An oral report ______is/ ______is not required. If oral report is required, it must be made to the responsible agency within ______ hours.

2. A written report ______is/ ______ is not required. If written report is required, it must be made to the responsible agency within ______ hours.

3. Special requirements:

If the agency has special reporting requirements, a ____________(type of report) must be made to ____ (name/position of person) within ______ hours.

Where To Report

Each State law specifies one or more agencies that receive reports of suspected child abuse and neglect. Usually, this agency (or one of the agencies if two or more are named) is the Department of Social Services, Department of Human Resources, Division of Family and Children's Services, or CPS. The police department may also receive reports of child abuse and neglect.

The local Department of Social Services maintains CPS as a special child abuse and neglect unit. The CPS unit receives and investigates all reports of suspected child abuse and neglect and may be involved in treatment and rehabilitation of affected families.

It is important to know who receives reports of suspected child abuse and neglect in a particular jurisdiction. The State reporting statute will provide this information. Program supervisors should consult an attorney if questions arise.

INFORMATION KEY #3: WHERE THE REPORT GOES

For this program, reports on suspected child abuse and neglect are made to:

____

Telephone Number: ______________________________

Address: ______________________________

Note: Fill in above the agency to which the actual report is made regardless of who, according to program procedures, makes the report.

How To Report

State statutes vary with regard to the form and contents of reports of suspected maltreatment. All States require that either an oral or written report (or both) be made to the agency or agencies responsible for child abuse and neglect. When two reports are required, the oral report is usually required immediately, with the written report following within 24 to 48 hours.

Some State statutes specify what information should be submitted in a report of suspected child abuse and neglect. Typically, this includes the following information:

- child's name, date of birth, age, and address;
- child's present location;
- names and ages of siblings;
- parent's name and address;
- nature and extent of the injury or condition observed; and
- reporter's name and location (sometimes not required, but extremely valuable to the CPS unit).

To assist citizens wanting to make oral reports, some States maintain a toll-free 24-hour telephone line solely for receipt of reports of suspected child maltreatment. Anyone may use this line to report an incident of suspected child abuse and neglect anywhere in the State. If available, the State number should be posted near the program's telephones and on the bulletin boards.

To make it easier to file written reports, most States (and some early childhood programs) provide reporting forms. Early childhood education agencies should keep a supply of these forms on hand to facilitate reporting. However, if a form is not available, reporters can use any piece of paper to provide the required information.

LOCAL PROGRAM REPORTING REQUIREMENTS

Many early childhood education agencies have policies defining the duties and responsibilities of all staff in reporting child abuse and neglect.

INFORMATION KEY #4:

PROGRAM POLICIES FOR REPORTING CHILD ABUSE AND NEGLECT

I report abuse to: ____________________

I provide this information: ____________________

I also: ____________________

The procedures are located: ____________________

If an early childhood education agency does not have policies and procedures for reporting child abuse and neglect, Figure 2 might be helpful in establishing them.

An early childhood education professional who suspects that a child is being maltreated must waste no time in reporting. Taking this action will probably make the reporter feel at risk, stressed, confused, and generally uncomfortable. It is not a pleasant task. To alleviate at least some discomfort, the reporter can use the following checklist to prepare for the report.

1. Have the data been documented? Has the information been written down to organize it in the caregiver's mind?
2. Have the data been analyzed? The early childhood education professional should consider what causes him/her to suspect abuse/neglect. He/she should list the symptoms, physical or behavioral.
3. Has the caregiver been able to observe the parent/child interactions? Does the parent see the child as worthwhile or different and/or hard to handle?
4. Has the early childhood education professional spoken with other professionals or colleagues? Do they have reason to suspect abuse/neglect? Why?
5. Has the early childhood education professional reviewed the program's reporting policy?
6. Does the caregiving professional have the exact telephone number and address of the agency to which the report should be made?
7. If a written report is required, does the caregiver have the required forms or will the report be written as a narrative?
8. Has the caregiver talked with his/her supervisor about the support available once the report is made? What steps will the early childhood education agency take if the parents try to remove the child? Will the caregiving professional have the program's support?

FIGURE 2

Child Abuse and Neglect Reporting Policies and Procedures

- At what point should the staff member report child abuse or neglect? (This may be based on State law as well as program policy.)
- Whom does the staff member notify? (This might be the direct supervisor, the program director, the child maltreatment coordinator, or someone else.)
- What specific information is to be included in the report? (This may be dictated by State and CPS policies.)
- What specific actions must the staff member take to validate suspicions before reporting?
- What other personnel must be involved?
- Who actually files the report to the proper authorities? How is this done?
- How will the early childhood education agencies follow up on the report and who will be responsible for followup?
- What role will the early childhood education agencies and their staffs play in community child protection teams?
- How will confidentiality be maintained? (Where will reports be filed, when will they be discarded, who in the program will know the report was filed, and so on.)
- How will the agencies support the reporter?
- How will the agencies support the child and family?

9. If the professional is a family child care provider, has he/she talked with his/her spouse or another family member about the support the spouse will provide once the report is filed? What will the professional do if the parents try to remove the child from the professional's home?

10. Has the early childhood edcuation professional set up a support system for him/herself? (After the report is made, the caregiver may feel vulnerable and need to talk with others about feelings and concerns.)

The early childhood education professional might not be able to wait until all answers to these questions are in the affirmative but may need to report suspicions immediately. This checklist can help organize one's thoughts and secure the support needed once the report is filed.

Local Policies and Procedures for Reporting

Across the country, more and more early childhood programs are establishing written policies and procedures regarding child maltreatment. The policies and procedures support State law with regard to reporting and often provide staff with internal mechanisms to follow when a case is reported. Some policies go beyond reporting by encouraging staff to become actively involved with families and children.

INFORMATION KEY #5: HOW TO REPORT

The following information must be provided to:

____

(Name of person/Position)

____

(Telephone number/Address)

Child's name: ________________________ Age: _____

Address: ______________________________

Physical signs observed: ________________________

Behavioral signs observed: ________________________

Other signs observed/known: ________________________

Reporter's name and position: ________________________

Date of report: ______________________________

For example, a local policy might state that parents must be notified when a staff member has reported a case of suspected abuse or neglect of a child enrolled in the program. This notification might be the responsibility of the director, the social services staff, the individual who filed the report, or some other staff member who knows the parents. In general, local policies and procedures should address:

- selecting a child maltreatment coordinator;
- providing staff training on child abuse and neglect;
- establishing and maintaining relationships with CPS;
- identifying suspected child abuse and neglect;
- talking with children;
- talking with parents;
- reporting suspected child abuse and neglect to CPS;
- notifying the program when a report is filed;
- maintaining confidentiality;
- providing documentation (such as observation notes or anecdotal records) to CPS or other agencies;
- notifying parents when a report is filed;
- following up to determine the outcome of the report; and
- specifying procedures for recordkeeping and record destruction.

Staff members should review their program's policies and procedures so they will be clear about their responsibilities. If a program does not have written policies or procedures for reporting child abuse and neglect or if the policies and procedures do not address all of the items listed above, appropriate policies and procedures should be established.

DIFFICULTIES ENCOUNTERED WHEN REPORTING

A report of child maltreatment is not an accusation but is a request to determine whether child abuse or neglect exists and to begin the helping process. However, the reporting process does not always go smoothly. Difficulties may be encountered that prove to be barriers to reporting and discourage caregivers of young children from making future reports. If early childhood education professionals are aware of these difficulties beforehand and plan ways to overcome them, they will be better able to meet their legal and ethical responsibilities to the children in their care.

Personal Feelings

One of the biggest obstacles to reporting may be the feelings of the potential reporter. Some people would prefer not to get involved. As one family child care provider put it:

> "From everything I've read and learned in training, I know that a child abuse report is not an accusation. But I really don't want to be the one to file the report. Surely a neighbor or someone else who knows Shawn will see what I've seen and will file a report. What if I made a mistake? There may be a perfectly good explanation for his injuries. If I'm wrong, the rest of the parents will think I'm incompetent or an alarmist. And they'll take their children out of my program. Besides, these parents are really nice and I really like Shawn. I don't want to lose him. I think I'll just wait to see what happens next."

This provider has voiced many of the concerns that are faced by caregivers of young children who suspect child abuse or neglect and therefore must file reports. Unfortunately, the provider in the example has let her concerns get the upper hand. Although she clearly understands her responsibilities, she has used faulty reasoning to decide that she should "wait and see" before filing a report. Apart from the fact that the "wait and see" approach is illegal, she has neglected to consider Shawn's welfare. While she waits for positive proof of his abuse or neglect, Shawn is vulnerable to continued incidents of maltreatment. This provider needs to realize that her involvement is both *legally mandated*, because as an early childhood education professional she is a mandated reporter, and *ethically required*, because it is her job to protect children in her care. When she files the report, she is supported by the law and by her profession.

> "Filing the child abuse report was the most difficult thing I've ever done since I became an early childhood education professional. It was very helpful to know that I was supported by the laws of my State. And it was helpful to remember that I'm not interfering in a family's business. As a member of the early childhood field it's my job to protect children."

Early childhood education professionals are skilled observers of children's behavior and more likely than most citizens to be aware of the signs that a child has been abused or neglected. One of the most difficult situations for early childhood education professionals is discovering that a child they know well is being abused or neglected or that a respected member of the community is sexually abusing children at the program. This is a natural feeling, but it must be overcome. All children are protected by law, and no matter what the circumstances, the caregiving professional remains a mandated reporter.

Program Policies and Practices

Sometimes child development program directors place obstacles in the way of reporting. They might discourage staff involvement by refusing to take their reports seriously or by failing to make an official report of suspected maltreatment once a situation has been brought to their attention. Directors may experience some of the same feelings and concerns listed above or may not want to make "waves." For some directors, the fear of bad publicity for the program is an insurmountable concern. Such actions may be more than obstructive; they may be illegal. *Therefore, if a director refuses to report a case of suspected child maltreatment, the early childhood professional is legally required to report the case to the appropriate authorities.*

At times, directors may provide no backup to line staff, thus undercutting the reporter who has acted in the best interests of the child and complied with the law. Suddenly, reporters find their motives questioned. A staff member faced with this situation can file an anonymous report if necessary. Another barrier to reporting occurs when early childhood education programs do not train staff on their responsibilities to recognize, report, and prevent child maltreatment. Staff who do not know the signs and symptoms of child abuse and neglect or who are unaware of their legal responsibilities cannot help maltreated children.

Many of these procedural difficulties can be resolved when programs establish reporting policies and institute reporting procedures. Early childhood education programs also should mandate staff training on child abuse and neglect and update the training at least annually. Child abuse and neglect training should be part of the program's orientation process. Ideally, this training should take place before staff begin caring for children.

Nature of the Parent-Program Relationship

Center-Based Programs

Parents and early childhood education program staff or family child care providers have special relationships that may hinder early childhood education professionals from reporting suspected cases of child maltreatment. The livelihood of many programs is dependent upon the attendance of children at the center or family child care home. These early childhood education programs may fear that reporting will injure their reputations, lead to a decline in enrollment, or both.

Early childhood programs offer a direct service to parents. Unless the early childhood education program is large or part of a larger organization, such as a school system, there are generally no buffers between the parents and program staff. Teachers, caregivers, and administrators are likely to develop close relationships with parents over many months or years. At times, when they observe signs of abuse or neglect, caregiving professionals may give parents the benefit of the doubt. Even when they do suspect child maltreatment, they may fear that confronting the parents would result in a hostile, indignant, or distressed reaction or retaliation. Training on child abuse and neglect must include recognizing the signs of child maltreatment and talking with children and parents about possible abuse or neglect.

Family Child Care

The factors described above are even more pronounced in family child care settings. Family child care providers, who often develop very close relationships with parents, are likely to find it even more difficult to report their suspicions. If the parents of the abused or neglected child are friends or neighbors of the provider, the provider may be unwilling to suspect maltreatment ("that couldn't happen to them"), may wish to ignore the problem because of the personal relationship ("I just couldn't report them, the whole street would hear about it"), or may attempt to solve the problem without reporting ("I'll just talk to them and help them work it out"). In these instances, the provider should be aware that failure to report not only may be illegal but may further endanger the child. It may also deny the family access to resources and concerned professionals who can provide genuine assistance. Reports can be made in the spirit of care, concern, and friendship.

Providers may also be reluctant to report when they are economically dependent on the parents for their livelihood. Many times, providers fear that the parents will withdraw the child from the family child care home. Since family child care providers are often dependent on word-of-mouth publicity, they may fear gaining a reputation as a person who does not maintain family confidences.

The chart following this page (Figure 3) summarizes some of the typical concerns of caregivers of young children with regard to reporting suspected child abuse and neglect. Each concern is followed by a statement that responds to the concern.

FIGURE 3

Typical Concerns Regarding Reporting Child Abuse and Neglect

Concern	Response
"The parents seem like very angry people. What if the parents come after me?"	Although there may be a few exceptions, most abusive parents lack the social skills to face adults, especially those whom they perceive to be in authority positions. This inability to confront adults is one of the reasons why their children are vulnerable to being harmed. An occasional parent may yell or threaten, but that usually is as far as it goes.
"I have no right to intervene in a family's affairs."	The laws in your State give you the right to protect the child by reporting your suspicions of child abuse and neglect. It is the only way the child and family can begin receiving the help they need.
"Their cultural practices are different from mine. I have no right to impose my child-rearing beliefs on them."	The definitions of child abuse and neglect included in State laws apply to all families residing in a State or community. These laws do not provide for exceptions when, by legal standards, culturally accepted child-rearing practices are abusive or neglectful.
"I've worked for this director for 5 years. I just can't believe that she would sexually abuse the children. There must be some other explanation."	Adults who abuse or neglect children come from all kinds of backgrounds and are not always easy to identify. You must trust your observation skills and your knowledge of the physical and behavioral signs of child maltreatment. Also, remember that in your report you are not accusing any one person; you are reporting the condition of a child or children that you suspect was caused by child abuse or neglect.

FIGURE 3 (continued)

Concern	Response
"I just started at the center and don't want to be considered a troublemaker...but Mrs. Littleton is extremely rough with the children, and yesterday she left fingermarks on both of Carmen's arms."	Sometimes, your intervention with a colleague might prevent a child from getting seriously hurt. Most centers have administrative policies for how to report concerns about staff treatment of children.
"The last time I reported, nothing happened. The child is still with his family, and the father is still abusing him. The CPS caseworker never even got in touch with me. I left lots of messages, but he never called me back. This time, I'm not going to bother reporting."	The facts and circumstances of each case are different, and you cannot assume that all cases will be handled in the same way or have the same results. Confidentiality laws and policies often make it difficult for CPS to keep you informed. When you do not get the response you expect from a caseworker, ask to speak with his/her supervisor.
"I really don't think anything will get done, so what's the use of reporting."	It is true that filing the report does not guarantee that the child and family will get help. However, if you do **not** report, the children may continue to be at risk. At the very least, a record of the report will be made, your legal obligation fulfilled, and the investigative process begun. Abused and neglected children cannot be protected unless they are first identified, and the key is reporting.
"I might be sued by the parents for making a false report."	In every State, mandated reporters are immune from civil liability for making a report in good faith (where knowledge or reasonable suspicion exists), even if it is not substantiated by the investigator. Even if someone does sue you, the court will dismiss the case when they find out that you are a mandated reporter. Some States have provisions to pay your legal fees if you must defend a lawsuit.

ONCE THE REPORT IS MADE

When a report of child maltreatment is filed, CPS caseworkers must make several decisions. First, they must decide if the report fits the State law and agency policy. If it does, the case is investigated to determine if abuse or neglect actually occurred. If the report is substantiated, the caseworker must determine if the child will be safe at home. Finally, CPS must decide how to protect the child in the future. Only a small percentage of children must be removed from their homes. At times, the perpetrator is removed from the home as a condition of the child remaining in the home.

In general, the process for each case that comes to the attention of the CPS agency is similar. Figure 4 provides an overview of this process.

Although the CPS agency is responsible for case management and followup after the report has been made, CPS sometimes finds it necessary to consult with early childhood education professionals when assessing the family and planning treatment. Early childhood education professionals often have information in records or through personal knowledge concerning the child and the family's level of functioning, for example, their strengths and weaknesses. This information is invaluable to the CPS caseworker in making an accurate assessment and formulating realistic treatment goals and objectives for the family.

In providing this information, programs and individuals must be conscious of the rights of children and parents. Early childhood programs can be an excellent resource for aiding CPS, but great care must be taken to ensure the confidentiality of information and to share it only with those persons designated by law.

SUMMARY

In most States, early childhood education professionals are mandated to report their suspicions of child abuse and neglect. In addition, caregivers of young children have an ethical responsibility to protect the children in their care. If staff members are uncertain about their responsibilities for reporting child abuse and neglect, it may help to consider the following questions and answers:

- **Why do child maltreatment laws exist?** To provide protection for children who cannot protect themselves.

- **How do maltreated children get assistance?** If the child is a victim of maltreatment, the only way the child and family will receive help is if a report is filed.

- **What happens to children if nobody reports their maltreatment?** If the maltreatment goes unnoticed and unreported, it is likely that it will continue and perhaps escalate.

- **Under what circumstances do I have to file a report?** If the caregiver's professional training and experience and knowledge of the child and his/her family lead to suspicions of child maltreatment, then a report must be filed.

- **What will happen to me if I don't report?** If an educator fails to report, he/she might be subject to fines or even a jail sentence under State laws.

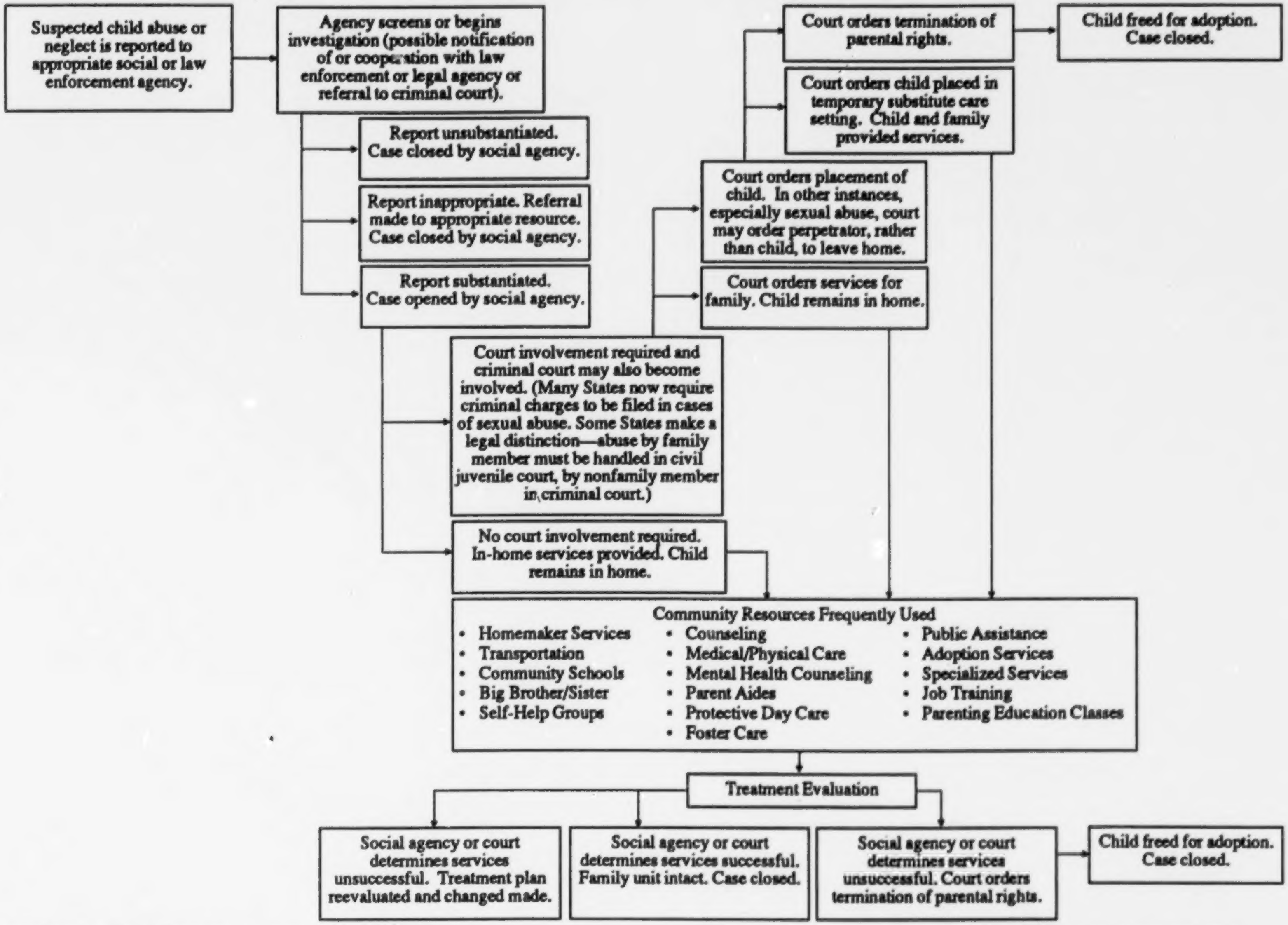
- **What if I'm wrong and the parents sue me?** When staff members make a report in good faith, the law protects them. They cannot be sued for reporting child maltreatment because they are mandated to do so as early childhood professionals.

- **Under what circumstances do I have to file a report?** If the caregiver's professional training and experience and knowledge of the child and his/her family lead to suspicions of child maltreatment, then a report must be filed.

- **What will happen to me if I don't report?** If an educator fails to report, he/she might be subject to fines or even a jail sentence under State Laws.

- **What if I'm wrong and the parents sue me?** When staff members make a report in good faith, the law protects them. They cannot be sued for reporting child maltreatment because they are mandated to do so as early childhood professionals.

FIGURE 4 What Happens When Suspected Child Abuse Or Neglect Is Reported


Suspected child abuse or neglect is reported to appropriate social or law enforcement agency.
Agency screens or begins investigation (possible notification of or cooperation with law enforcement or legal agency or referral to criminal court).
Report unsubstantiated. Case closed by social agency.
Report inappropriate. Referral made to appropriate resource. Case closed by social agency.
Report substantiated. Case opened by social agency.
Court involvement required and criminal court may also become involved. (Many States now require criminal charges to be filed in cases of sexual abuse. Some States make a legal distinction—abuse by family member must be handled in civil juvenile court, by nonfamily member in criminal court.)
No court involvement required. In-home services provided. Child remains in home.
Court orders termination of parental rights.
Child freed for adoption. Case closed.
Court orders child placed in temporary substitute care setting. Child and family provided services.
Court orders placement of child. In other instances, especially sexual abuse, court may order perpetrator, rather than child, to leave home.
Court orders services for family. Child remains in home.
Community Resources Frequently Used
• Homemaker Services
• Transportation
• Community Schools
• Big Brother/Sister
• Self-Help Groups
• Counseling
• Medical/Physical Care
• Mental Health Counseling
• Parent Aides
• Protective Day Care
• Foster Care
• Public Assistance
• Adoption Services
• Specialized Services
• Job Training
• Parenting Education Classes
Treatment Evaluation
Social agency or court determines services unsuccessful. Treatment plan reevaluated and changed made.
Social agency or court determines services successful. Family unit intact. Case closed.
Social agency or court determines services unsuccessful. Court orders termination of parental rights.
Child freed for adoption. Case closed.

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Adapted from "Open the Door—on Child Abuse and Neglect Prevention and Reporting Kit" (Ohio Department of Public Welfare, Children's Protective Services, under a grant from NCCAN, n.d.)

MINIMIZING THE RISK OF MALTREATMENT IN EARLY CHILDHOOD PROGRAMS

Although most incidences of child maltreatment occur within the family, there have been many reported cases of child maltreatment in child care settings. Therefore, it is important for early childhood agencies to establish policies and implement practices that protect all young children while they are at a center or family child care home. For example, comprehensive staff selection procedures can ensure that only qualified individuals are hired to care for young children. Through effective supervision, administrators can become aware of staff who may have problems caring for young children. Ongoing training on child abuse and neglect and developmentally appropriate caregiving practices helps teachers, caregivers, and providers develop and maintain the necessary skills to care for and protect young children. Finally, there are several operational policies and practices that reduce the risk of children being maltreated in child care and address the appropriate procedures for program staff to follow in response to allegations of child abuse or neglect.

STAFF SELECTION PROCEDURES[26]

The staff selection process is most effective when a program uses a comprehensive system for recruiting, screening, and selecting staff. However, it is not easy to predict which candidates are likely to maltreat children versus those who will provide developmentally appropriate care. The hiring process accomplishes three goals: it allows the program to hire competent staff; it screens out those individuals who might represent a risk to the children's safety and well-being; and it meets legal standards for reasonable efforts to reduce risks to children. While the courts acknowledge that it is not possible to screen out all potential perpetrators of child abuse and neglect, early childhood agencies need to take the necessary steps to minimize the possibility of such individuals being hired to care for children.

For some programs, the recruitment and screening process is already defined in broad terms by the local agency of which the program is a part; for example, in school-based early childhood programs, the school system's staff selection process is used. Family child care providers may think that this information does not apply to them; however, if substitutes or assistants are ever needed, their qualifications and experience must be considered. One of Finkelhor's recommendations was that there should be increased attention to the family members of day care staff and operators, including their adolescent children. "Licensing needs to be aware of, talk to, screen all household members and extended family who will have access to and frequent interactions with children."[27] Finkelhor stresses that most individuals who abuse young children in child care settings do not fit the profile of a pedophile (a person whose primary sexual interest is children). He encourages agencies to screen staff for a wide range of background information, including "signs of emotional problems; substance abuse; criminal behavior; sexual difficulties; poor judgment; and insensitivity or punitiveness to children."[28]

An objective, comprehensive, and uniformly applied hiring system can be an effective way to prevent the hiring of individuals who already have, or may in the future, maltreat children. The hiring system should include the following:

- Clearly written **job descriptions** so applicants will understand the roles and responsibilities of the job.

- **Recruitment procedures** to provide applicants with a first impression of the program.
- **An application process** to collect information about applicants so the program can compare the individual's credentials to the job qualifications.
- **Personal interviews** to provide a more detailed picture of the candidate's personality, communication skills, knowledge of child development, problem-solving skills, and creativity.
- **Observation of candidates working with children** to provide a picture of the individual's behavior with children, overall manner, and skills.
- **Reference and criminal background checks** to find out about the candidate's prior work experience and attitudes toward children and, if applicable, criminal record.
- **Orientation training** during a probationary period to help the new employee adjust to the job and identify individuals who are not well suited to work with children.

Job Descriptions

Every position needs a clearly written job description that identifies the job responsibilities and the standards for successfully carrying out these responsibilities. Candidates for positions involving child care need to know what is expected of them so they can determine whether they have the necessary skills and knowledge to perform effectively. Job descriptions should reflect the program's goals and objectives, the curriculum, and the program's caregiving practices. Individuals who are overwhelmed by the job description may decide to go no further with their employment applications. Job descriptions should include the following information:

- job title;
- a realistic description of job responsibilities, including supervisory duties;
- whether the job is full- or part-time; permanent or temporary;
- educational requirements;
- type and amount of previous experience required; and
- approximate salary range and fringe benefits for the position.

Because every job changes over time, job descriptions should be reviewed annually and revised if necessary. Up-to-date job descriptions are an important part of both the staff selection and supervision processes. The hiring policies relevant to screening out applicants who may have the potential to abuse and neglect children are discussed below.

The Application Process

A good job application form is based on the job description and includes questions that will help to identify appropriate candidates. Job application forms should include the following:

- **Basic information:** applicant's name, address, telephone number, and social security number; and position desired.
- **Education:** where applicant attended school; subjects studied; degree(s) earned and when; major and minor; and certifications (such as Child Development Associate) the candidate holds.
- **Prior work experience:** names and addresses of former employers; type of jobs held, for how long, and at what salary; immediate supervisor for each job listed; and primary responsibilities for each job listed.
- **References:** names, addresses, and telephone numbers for at least three personal and three work references.

Many agencies find it helpful to include on the application form a series of questions to encourage applicants to express personal views about working with children. Such questions can elicit information about the individual's attitudes, abilities, skills, and interest in training. Some examples of questions that might be included are:

- What do you feel are the most important experiences for children in an early childhood program?
- What are some of the values of play for children?
- How should parents be involved in the program?
- What is the goal of disciplining young children?

Applications also can include questions designed to screen individuals with prior criminal histories. For example:

- Have you ever been dismissed or fired? If yes, please provide an explanation.
- Have you ever been convicted of a criminal offense? Have you ever been the subject of a civil dispute? If yes, please provide an explanation.
- Have you ever been the subject of a report to CPS? If yes, please provide an explanation.
- Does your military record include a court martial, bad conduct, or mental disability? If yes, please provide an explanation.

Personal Interviews

Reviewing applications provides a quick assessment of an individual's work experience and education. A personal interview goes beyond this initial picture and allows interviewers to determine how candidates will "fit" in the organization and how well they will work with the other staff. Interviewers should allow at least 45 minutes per interview, with 15-minute breaks to write down observations and reactions.

Too often, the interview process is a subjective one. One way to make the process more objective is to use a structured interview and ask all candidates the same questions. Another way is always to have at least two, and possibly three or four, interviewers participating. A family child care provider interviewing a substitute or assistant might ask a fellow provider, family member, or parent to participate in the interview. The candidate should not feel outnumbered or overwhelmed, but additional interviewers ensure that the candidate's responses are seen and heard from a number of perspectives.

When interviewing a series of candidates, it may be difficult to remember each candidate's responses to questions. It might be possible to tape the interview, with the candidate's permission of course. A specific notetaking format also could be used based on the job qualifications and the skills being sought.

Interviewers may use some of the following tips for conducting interviews:

- Putting candidates at ease by introducing the interviewers (names and titles), explaining the interview process, and describing the topics to be discussed.
- Being aware of the candidate's personal appearance, communication skills, and ability to express his or her ideas and concerns.
- Encouraging the candidate to talk; asking open-ended questions that allow the candidate to provide detailed responses.
- When using a structured interview format, asking each candidate the same questions in the same order. (This makes it easier to record the answers and compare them later on.)
- If necessary, clarifying any questions about why the candidate left previous jobs or gaps in his or her employment history.
- Trying to gain an impression of the candidate's temperament. How does he/she react to difficult questions? Does he/she have a sense of humor? Is he/she taking the interview seriously?
- When more than one interviewer is present, using a written rating system to facilitate agreement on which candidates should be given further consideration.
- Ending the interview with some questions to which the candidate must respond in writing. For example, staff might describe typical classroom situations and ask the candidate how he/she would handle the situation.
- If staff have an unexplained, nagging doubt about the individual, they should trust these instincts and hire someone else to fill the position. A "gut" reaction is usually an accurate barometer.

Several strategies can be included in the interviewing process to make it a more effective means of screening for those individuals who have the potential to abuse or neglect children.

- Staff should ask why the candidate wants to work with children.

- Interviewers might ask what children's behaviors make the candidate angry and how he/she copes with the anger.

- Situational questions should be included in the interview (for example, "What would you do if a child bit another child?") to get an indication of how applicants might respond.

- During every interview, the candidate should be advised that sexual activities and other abusive or neglectful interactions with children are illegal and will be reported to the appropriate authorities immediately.

- Interviewers might ask candidates to describe their approaches to disciplining children, providing specific examples of several different discipline techniques they have used in the past.

- Staff must explain how the program's policies and procedures are designed to prevent child maltreatment, ensuring that candidates understand that the program makes it very difficult for a child molester to abuse children.

- Interviewers can ask candidates if there is any information about them that might surface during the required criminal records check. (It is illegal to ask candidates about arrests, because these do not necessarily indicate anything negative about them.)

These strategies may be sufficient to discourage those individuals who have the potential to abuse or neglect children from continuing with their application to work at the program.

Observing Candidates Working With Children

It is strongly recommended that the interview process include a 1-hour observation of the candidate working with children. Candidates might be asked to come prepared to conduct an activity with children or to interact with children during a free play period.

During the observation, consider whether the candidate:

- Observes the children and asks questions or interacts with them in ways that promote thinking.

- Has realistic expectations for the children's stages of development.

- Demonstrates a sense of humor.

- Shows interest, enthusiasm, warmth, and patience in working with the children.

- Uses positive techniques to guide children's behavior.

- Shows a willingness to participate in all kinds of activities and routines, including messy ones such as finger painting, changing diapers, or helping young children in the bathroom.

- Plays with the children.

- Comforts children who are distressed.

- Supports the other staff in the room.

- Appears comfortable caring for young children and seems to be enjoying him/herself.

If a candidate behaves inappropriately, for example, belittles a child, fails to respond to children's comments or questions, or appears uncomfortable performing routine caregiving tasks, this individual may not be suited for the job. Interviewers must use their professional judgment, based on knowledge and understanding of early childhood education, to determine whether to continue considering this candidate.

After the observation, the interviewer should allow some time to talk with candidates about their perceptions of the program and to respond to any questions. What candidates have to say about the program and the questions they ask can provide added insight into their abilities and attitudes. Interviewers might also ask candidates questions based on observation notes, for example, why they redirected a child to another activity or why they asked a child about his block structure.

References and Criminal Record Checks

Too often at this point in the selection process, the interviewer already likes the candidate and wants to hire him/her. Checking references may seem like a mechanical requirement that provides little additional information. With the current concerns about child maltreatment in child care programs, *it is extremely important to check references carefully.*

A candidate's references can be valuable sources of information about prior work experience and attitudes toward children. Information from references may be the only way to evaluate work skills such as dependability, flexibility, initiative, and rapport with parents.

An interviewer should inform candidates that references will be contacted to verify their qualifications. Staff should be wary of candidates who can only supply personal references: "My supervisor doesn't work there any more and I don't know how to get in touch with her." Reference letters are not sufficient; personal conversations with the references are necessary to discuss fully the candidate's qualifications. When contacting a reference, staff should make a note of answers to questions, the date and time of the call, and any other important details. These records may be useful in the future.

If a reference seems reluctant to give information, the interviewer may need to be direct, describing the candidate's potential position, as well as the program and State policies related to child discipline and child abuse and neglect. The interviewer should ask if the candidate would have any difficulty complying with these laws and policies.

Staff should not limit reference checks to those supplied by the candidate, but make it a practice always to contact at least one reference not supplied by the candidate. If possible, the interviewer should contact the candidate's last three employers, asking first for the head of the organization, and then for the name of someone else in the organization who supervised or worked directly with the candidate. This additional contact may be well worth the time.

When a candidate is employed elsewhere, he/she may ask that the current employer not be contacted. Staff should honor this request but explain that if the job is offered to the candidate, it will be contingent on a favorable reference from the current employer.

Figure 5 provides a list of questions to ask professional and personal references.

FIGURE 5

Questions To Ask a Reference

For Professional References

- When and where have you observed the candidate working with young children?
- What skills does this candidate demonstrate in working with young children?
- What is this person's philosophy of discipline? Please give examples of how he/she uses a variety of discipline techniques based on the child and the situation.
- Does this candidate demonstrate that he/she has realistic expectations for children's behavior? Please provide some examples.
- Does this candidate allow children to make choices for themselves and encourage independence (as opposed to directing their activities and controlling their play)?
- Does this individual ask for support from the supervisor or colleagues when needed?
- Does this candidate enjoy caring for children?
- How long did the candidate work with you? Why did he/she leave? Who was his or her immediate supervisor?
- How well does the candidate communicate ideas and opinions to others?
- How does the candidate handle frustration and criticism on the job?
- Does the candidate show interest in training or other means to improve his/her skills and knowledge?
- How does the candidate communicate with parents?
- Have there been any complaints regarding the candidate's care of children?
- To your knowledge, has the candidate had any criminal convictions? If so, what are they?
- Would you rehire this individual to work with young children?

For Personal References

- How long have you known the candidate?
- In what capacity do you know the candidate?
- Where and when have you observed the candidate with young children?
- What skills do you feel he/she demonstrates in working with young children?
- How does the candidate respond in stressful situations?
- To your knowledge, has the candidate had any criminal convictions? If so, what are they?

Once the final selection is made, some programs, communities, or States require a check of all available public child protection and criminal records regarding evidence of child abuse or neglect by the candidate. The candidate may need to sign an "Authorization to Release Information," and fingerprints may be required. Many State CPS agencies have centralized registries that can be checked for reports of child maltreatment against the individual. Most States and some counties have systems for completing the criminal record check. State laws may also define some categories of criminal offenses as making the candidate ineligible for employment caring for children. Finkelhor warns that police record checks identify only a small fraction of potential abusers and at a very high cost.[29] He also warns that programs may feel that because an individual has passed the screening he/she is guaranteed to be an appropriate person to care for children.

Probationary Period and Orientation

It is a good idea to establish a 3-month probationary period for all newly hired staff. During this time, supervisors can assess whether the individual has the skills, knowledge, and attitudes needed to care for young children.

During the probationary period, the supervisor should closely monitor the new employee's performance by dropping in frequently to visit with and observe the individual working with children. Parents should also be encouraged to drop in and visit the new employee and to ask their children about their reactions to their new teacher or caregiver.

Orientation training generally takes place before the new employee assumes job responsibilities. It should be a positive experience for new hires and help them adjust to their new positions. To perform well on the job, new staff members need to know the program's policies, procedures, goals, acceptable discipline techniques, and so on. The orientation also should include training related to identifying and reporting child abuse and neglect.

At the end of the probationary period, the supervisor and employee can meet to assess how well the employee is functioning on the job and how well he/she is relating to children, parents, and other staff. If the employee is doing well, supervisors should provide a salary increase, change the employee's status from probationary to permanent, and be thankful that they have made a successful hire. If the employee is not meeting the expectations of the job, the supervisor has two options: continue the probationary period for another 3 months and, at the same time, provide training and support; or have the courage to terminate the individual's employment. The latter option is generally reserved for an individual who is clearly not capable of improvement and whose attitude and actions are detrimental to the children. It is extremely wise to remove such an individual from a program before any children are harmed as a result of his/her poor attitude and lack of appropriate caregiving skills.

STAFF SUPERVISION

Much abuse and neglect in child care settings can be prevented through effective staff supervision. A supervisor's ongoing, active participation in the daily operations of the program is really the only way to ensure that children are receiving quality care from skilled and caring staff. Caring for children can be a very stressful job, and teachers and caregivers who are overwhelmed can lose control and lash out at children. Consequently, an early childhood supervisor's role in preventing maltreatment includes identifying and alleviating elements of the work environment that are sources of stress for staff.

Stress Reduction Techniques

Many adults think that child care is just playing with children all day. To parents who have spent a difficult day at their work, caregiving can look like an ideal occupation. Consider the following true story.[30]

> "Our early childhood program opens at 6 a.m. and closes at 6 p.m. One day, everything went wrong. A child tried to put a shoe down the toilet. The keys to the kitchen were lost. The milk was sour. The sprinklers went off while the children were playing on the lawn, and there weren't enough dry clothes for everyone. It was just a rotten day."
>
> "One mother called and said she would be late. The teacher who usually closed was ill, so another teacher had to stay. It had been a 12-hour day and she was tired. She held the child in her lap in a rocking chair to wait. When the mother finally arrived, she looked at the teacher and said, 'Oh, what I wouldn't give for a job like yours where I could sit all day and rock.'"

Early childhood education professionals will probably find this story very familiar and very believable. Despite how easy the job may look to others, they know that working with young children is actually a very stressful occupation. Caregivers and teachers are on call all day, with little time to take a break from their responsibilities. Like all adults, when caregiving professionals are under stress they sometimes lose control of their own behavior and strike out or say things they don't really mean. In a child care setting, a staff member might shake an infant who has been crying all morning, kick a toddler who has just kicked another child, or scream at a preschooler who deliberately threw sand at another child. These are obviously unacceptable behaviors for early childhood education professionals, and depending on the situation, they might be considered to be abusive. Shaking very young children may result in *serious injury or death. There is often a fine line between abuse and poor caregiving.*

Many of the books and courses on stress reduction depict stress as a personal problem that can be controlled by the person experiencing the stress. For example, they suggest that individuals can reduce and cope with their stress by eating nutritious meals; listening to pleasant music; getting enough exercise; and reducing their intake of caffeine, sugar, fat, and alcohol. While these practices can help, they may not be enough to alleviate stress when the child care program itself and the requirements of the job are major causes of the stress. Stress in child care can be caused by a number of factors, such as child/staff ratios that are too high, long hours on duty without sufficient breaks, and lack of resources to purchase sufficient materials and equipment.

Supervisors can play an important role in creating and maintaining work environments that reduce rather than contribute to stress in front-line staff. Some examples include the following:

- Providing written job descriptions and personnel policies so staff are clear about the program's policies and their own responsibilities.
- Maintaining a roster of qualified, available substitute teachers so staff do not come to work sick because they are afraid nobody will be available to care for the children.
- Using regular staff meetings as opportunities for sharing feelings and discussing concerns so staff can feel supported by you and their colleagues.

- Including staff in decision-making so they can provide input regarding how the program operates and feel that they have some control over their work environment.

- Recruiting volunteers, providing training for them, and scheduling them to assist during the busiest times of the day so staff can take breaks or provide individual attention to children.

- Advocating improved staff wages, paid overtime, an 8-hour work day, and fringe benefits so staff will be adequately compensated for their contributions.

- Showing respect and regularly acknowledging accomplishments so staff know that they are valued.

- Making sure there is always someone on call so staff who recognize that they are feeling overwhelmed by the demands of the job can take a break from being with the children.

- Providing a pleasant, comfortable place with adult-sized furniture for staff to use on breaks so that their time away from the children is truly relaxing and rejuvenating.

Supervisors also can help staff to identify and build on the features of their job that are satisfying and sources of motivation. Typically these include:

- observing children's progress;

- positive relationships with children;

- the challenge of the work;

- pride in providing a needed service;

- meaningful partnerships with parents; and

- recognition shown by colleagues and supervisors.

Most of the "satisfiers" on this list are related to staff competence. Typically, staff who understand child development and know how to provide developmentally appropriate care are less frustrated by the demands of the job. Supervisors can provide or oversee ongoing training programs to ensure that all staff continue to learn about young children and continue to develop their caregiving skills.

Recognizing and Responding to Signs That an Individual Has the Potential To Abuse[31]

Most teachers and caregivers occasionally have difficult days when they are not at their best and as a result are not as effective in meeting children's needs. They may be feeling tired, sick, or overwhelmed by personal or job-related problems. For individuals who have the potential to abuse children, however, these types of days occur more frequently and are likely to be a result of ongoing personal problems and inappropriate attitudes and beliefs about what kinds of caregiving and discipline are best for young children. Typically, these individuals have low self-esteem and view a child's misbehavior as a personal affront. "He watched me clean up the art area, then he spilled the paint container on purpose." Such caregivers can be difficult to supervise because they have a hard time accepting criticism and are not willing to accept responsibility for their own behavior. "It isn't my fault she fell off the climber. I told her not to go up so high." Some individuals with the potential to abuse are quick to lose their tempers with children, colleagues, and parents. Coping with their personal problems takes most of their energy, so they have little energy left to give to the children.

While individuals who have the potential to abuse children may be educated or have received training in the early childhood field, they tend to have unrealistic expectations about what children are able to do at various stages of development. They either have little knowledge of child development or do not apply the knowledge they do have. They may have strong beliefs that the only way to get children to do what they are supposed to do is to punish them when they misbehave. Typically, they use harsh discipline techniques or the same technique with all children regardless of the child's age or the situation.

As supervisors observe staff interacting with children, they should take note of the following behaviors that might be signs that the individual has the potential to abuse:

- yelling or screaming at children;
- grabbing or jerking children;
- not letting a child speak;
- constantly controlling activities without allowing children to make choices about what they want to do or what materials they want to use;
- insisting that children be obedient and respectful;
- showing satisfaction when winning a power struggle with a child;
- using the same discipline technique with every child and in every situation;
- standing apart from the children and watching rather than interacting with them;
- relating poorly to adults and preferring the company of children;
- taking unusual or inappropriate interest in a child; and
- showing no respect for children's rights to privacy or to refuse to be touched by an adult.

When supervisors witness inappropriate behaviors such as those described above during formal and informal observations of staff, they should take objective notes that state exactly what the person did and said rather than paraphrasing, summarizing, or making judgments. If possible, write down direct quotes of what the adult and child said. For example, an objective recording might state:

> "Ms. Johnson held Hannah by both arms and shook her. Hannah fell down. Ms. Johnson said, 'You stand up and listen to me when I'm speaking to you.' Hannah started to cry. Ms. Johnson picked her up."

A recording that is not objective might state:

> "Ms. Johnson lost her temper and grabbed Hannah by both arms and shook her until she fell down. Hannah looked very upset. Ms. Johnson towered over her and told Hannah to

> get up off the floor. Hannah was so scared she started to cry. Ms. Johnson refused to wait for Hannah to get up and picked her up herself."

The supervisor should schedule a time to meet with the individual to provide feedback related to the observation. During this feedback session, the supervisor and the staff member can jointly develop plans for improving the individual's interactions with children. The supervisor should continue to observe this individual and look for signs that his/her performance is improving. If the individual's skills do not improve after repeated observations and feedback sessions, the supervisor must use professional judgment to determine whether this staff member should be terminated. Termination is an appropriate response when the individual has clearly violated program policies and it is clear that the behavior is detrimental to the children. This decision should be made based on objective information and observations. Supervisors should never terminate a staff member in anger, during a crisis, or under stress.

At times, supervisors may witness staff behaviors that not only are clear infractions of the program's policies regarding staff and child interactions but also are grounds for immediate termination. In these instances, the program should follow established procedures for terminating the individual's employment.

PROVIDING ONGOING STAFF TRAINING

One of the characteristics of a high-quality early childhood program is that staff participate in ongoing training designed to help them increase their caregiving skills and knowledge. Training might include on-site workshops, community college courses, self-instructional curriculums, attendance at conferences, or use of an early childhood resource library. The topics addressed in training will vary according to the program's philosophy, the needs of the staff, and the ages and stages of the children being served. All topics related to providing developmentally appropriate care are relevant to reducing the risk of child maltreatment at the center. The most critical topics include understanding and using principles of child development, using positive techniques for guiding children's behaviors, and observing each child to identify and plan ways to meet their individual needs.

Training on **child development** should include concrete examples of the cognitive, socioemotional, and physical development of young children and opportunities for participants to learn how to apply this knowledge as they provide care. For example:

- Young infants cry when they are frustrated or distressed; therefore, caregivers should respond to the child's crying immediately and consistently.

- Toddlers may resist changes in the schedule or the way routines are carried out; therefore, caregivers should explain changes before they happen and provide simple explanations of why the change is necessary.

- Preschoolers want to make decisions for themselves; therefore, caregivers should provide many opportunities for children to decide what they want to do, who they want to play with, and what toys and materials they want to use.

Training on **positive guidance techniques** should stress the following principles:

- Discipline means guiding and directing children toward acceptable behavior so they can eventually develop self-discipline.

- Punishment hurts or penalizes children, who may comply out of fear, and reinforces bad feelings they have about themselves.

- Positive guidance techniques should be individualized according to the child's developmental stage and the situation.

- Many behavior problems can be anticipated, and plans made to avoid the problems. For example, as certain toys (such as toy telephones) are very popular and young children are still learning how to share, providing multiples of these toys can avoid fights over who will use the toys.

- Children can learn to understand the consequences of their actions and to behave in acceptable ways because they want to please adults, be praised and rewarded, and avoid consequences they have experienced in the past.

- Discipline techniques should neither physically nor emotionally harm a child.

Training on positive guidance also should clearly explain the program's written discipline policy, and all staff should receive a copy of this document. Establishing discipline policies is discussed later in this chapter.

Training on **observing children** to identify and plan ways to meet their individual needs should address the following topics:

- Guidelines for conducting systematic observations of children to identify needs, strengths, interests, and skills.

- Planning a program based on each child's needs, strengths, interests, and skills.

- Using observation information to keep track of a child's progress.

- Using observation information to resolve a child's problem behavior.

Observation skills also are used to identify signs that a child has been maltreated. An early childhood education professional's objective recordings of observations conducted over time can provide valuable data concerning how a child behaves and under what conditions.

OPERATIONAL POLICIES

Many early childhood education programs have adopted the following policies and practices, some of which were included as recommendations in Finkelhor's report on sexual abuse in day care, to minimize the risk that child maltreatment will occur in the program.[32]

Providing Open Access to Parents

Early childhood education agencies encourage parents to make unannounced visits at any time during daily operations. After letting someone in the office know they are there to visit, and perhaps signing in and picking up a visitor's badge, parents are free to visit their child's room, the outdoor play area, and other rooms in the center. In addition, to emphasize that parents and early childhood education professionals

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are partners in keeping children safe and promoting their growth and development, programs provide many opportunities for parents to become actively involved in the program's operations.

Minimizing Opportunities for Adults To Be Alone With Children

Because many reported instances of sexual abuse in day care occurred during toileting, many programs are redesigning their bathrooms so they are no longer private, enclosed areas where children might be isolated with an abusive adult. Some centers have removed or minimized the doors and partitions. New centers are designed with bathrooms as open areas. As a further precaution, when children come in from outdoors to use the toilet, programs require them to be accompanied or supervised by an adult. In rooms where infants and toddlers receive care, the diapering areas are positioned so they are visible to all the adults in the room.

Other design changes that minimize opportunities for adults to be alone with children include removing window curtains and shades and the inside locks on closets or workrooms. When centers have outdoor storage areas, these must be visible from the main building. In some centers, to ensure that parents and supervisors can observe staff while they are caring for children, all classrooms have windows or other means of viewing from the outside and hallways. These windows must be left uncovered; there can be no artwork, draperies, or blinds that would hamper viewing.

Finally, centers are establishing rules that prevent staff members or volunteers from taking children from the center without a parent's written permission unless it is a group activity or an approved medical visit.

Minimizing Unauthorized Access to the Center

To control access to the center by individuals who are not staff or parents, centers are establishing rules such as the following:

- All visitors and volunteers must sign in and out when visiting the center, and visitors must be escorted.
- Friends or family members of staff may not be present in the center unless they are approved volunteers who are scheduled to be there.
- A staff member must be present at the main entrance at all times to monitor exit and entry of adults and children.

Preparing Written Accident Reports

No matter how stringent a program's safety precautions, children will have accidents at the center or family child care home. The accidents may be minor and involve scratches or small bruises, or they may be serious enough to require medical attention. Regardless of how severe the child's injury, the program should notify parents immediately and complete an accident report, with a copy provided to the child's parents. The accident report will provide some protection against parent allegations that their child was maltreated while at the program.

Accidents, Unusual Marks, or Injuries

Programs should also conduct daily health inspections as children arrive in the morning and record any unusual marks or bruises. These records can document that a child arrived with the injury and that the injury did not occur at the program. Staff should also discuss with the child how he/she sustained any unusual marks or injury. (See the segment on "Talking With the Child.")

Establishing Written Policies Concerning Disciplining Children

Written policies related to appropriate discipline techniques are a useful tool for informing parents and staff of the program's philosophy regarding guiding children's behavior. The policies can be included in parent handbooks and distributed to new staff as part of the orientation process. Some agencies require new staff to read the policies and sign a statement indicating that they have read and understand the policies and the consequences of not complying with them. Written discipline policies should include the following information:

- A statement of the program's philosophy regarding guiding children's behavior:
  - The goal of discipline is to help children learn self-control.
  - Discipline techniques reflect realistic expectations for children's behavior based on an understanding of child development.
  - Positive guidance techniques should be individualized based on the situation and the child's age and stage of development.
  - Corporal punishment and isolation of children are prohibited.
  - Children will not be subjected to verbal outbursts or remarks that are belittling or intimidating.
  - Discipline approaches will help children to develop problem-solving skills and learn the logical consequences of their behavior.
- Examples of positive guidance techniques used with children of different ages.
- Who will discipline children and under what conditions.
- At what point parents will be asked to participate in planning strategies to help children overcome troublesome behaviors (for example, biting or having tantrums).
- How staff will assess the effectiveness of the discipline techniques being used.

The program's discipline policy should serve as the framework for all staff training on guiding children's behavior.

Establishing Written Policies Concerning Touching Children

An essential part of providing care for young children is holding, hugging, and otherwise positively touching them. A program's touch policy can be very brief and to the point. Children will be touched when it makes them feel good and left alone when they prefer not to be touched. It is very important for programs to make it clear to staff and parents that, except in situations where safety is an issue, children always have the option of indicating, "I don't want you to rub my back, pick me up, hug me, or hold my hand."

Caregivers of young children need to understand that they must never touch children for their own gratification.

RESPONDING TO ALLEGATIONS OF CHILD ABUSE OR NEGLECT

Even when early childhood education agencies implement all of the suggestions provided in this section to minimize the risk of child abuse or neglect occurring in the program, there is still the possibility that a staff member might be justly or unjustly accused of maltreating a child. Just as agencies develop plans for fire emergencies and other disasters, every early childhood education program needs a plan for responding if an allegation of child maltreatment is made. These procedures should address how the director, the program staff, and the accused individual will respond to the allegation.

How the agency responds to an allegation will depend on the situation. A parent's call to the director to mention a concern about how a teacher handled a child's misbehavior will be handled differently from a parent's report to CPS alleging that a teacher abused a child. *The initial response should attempt to gather the facts rather than defend the staff member or the program.* All discussions with parents, children, and staff should be documented. As in all cases of suspected child maltreatment, the child's well-being should be the most important consideration.

If a parent calls the program director to voice a concern, the director should respond expeditiously.

- The program director should meet with the parent to hear his/her concern and collect details about the incident, document what is said and agreed upon during this meeting, and let the parent know what must be done next.

- If appropriate, the administrator might meet with the child to discuss what took place. This discussion should be very general and low key, with open-ended questions so the director does not lead the child to confirm or deny the parent's report.

- The administrator must meet with the staff person (separately) to hear his/her version of what took place.

- If appropriate, a meeting should be arranged with the staff person and parents, to review each version of the incident and to clear up any miscommunications or misunderstandings. The administrator should try to reach some agreement on how the child's behavior will be handled in the future.

- After completing these steps, if the director suspects that abuse or neglect has occurred, he/she must file a report with the CPS and licensing authorities and cooperate with them during the investigation.

If a staff member reports to the director that a colleague has maltreated a child, the director can respond as indicated below:

- A conference should be held with the individual making the accusation to discuss and document all the details concerning the incident or series of incidents.

- The director should seek and document information from other staff about the incident(s) and the discipline techniques the accused typically uses. The administrator should hold private meetings with each individual and reassure them that their remarks are confidential. It is important to use open-ended questions to gather the necessary information.

- The director must meet with the accused staff member to discuss his/her version of the incident(s) and try to determine whether this was a one-time event or a pattern of behavior.
- All information collected should be reviewed to determine if this was a case of inappropriate but not abusive caregiving. If this was inappropriate caregiving, the director should meet with the staff member again to review program policies and set goals for using appropriate discipline. It is important to define the consequences that will occur if the behavior does not improve during a specified period of time. The administrator should then observe the individual's behavior over time, document improvements or lack of improvements, and respond accordingly.
- If a review of the information collected leads to a suspicion that child maltreatment took place, a report must be filed with the authorities and the program should cooperate with them during their investigation.

When a parent or staff member files a report of suspected child abuse or neglect with the CPS agency or other authorities, the director can respond as follows:

- The administrator must cooperate fully with the investigation and respond quickly to the authorities' requests for factual information.
- Program staff (including the accused) should be advised to cooperate fully and provide the requested information.
- The director should place the accused staff person on administrative leave or give him/her an assignment that does not involve contact with children. This step will depend on what response is required by the program's policy. In some instances, the program may have grounds for terminating the individual's employment.
- The accused staff member should refer all questions about the allegation to the director.
- The administrator must decide whether the program will inform all parents and staff that the report has been filed.
- A staff member should be appointed to handle media requests for information and the director should provide guidance on how the requests will be handled.
- Staff should contact the agency's attorney and keep him/her apprised of the situation.
- An internal investigation should be conducted using the steps described above. The administrator should keep authorities informed and pass on any information collected.
- When necessary, corrective action should be taken to reduce the possibility of an incident recurring.
- The accused staff member should be referred to an attorney who has worked on child care issues in the past.
- The director should encourage the staff member to seek counseling or support from family and friends or others who have been similarly accused.

When an early childhood education professional is accused of maltreating a child, there are several steps he/she should take.

- The accused caregiver should immediately write down exactly what happened as he/she remembers it.
- He/she might ask others who were present to write down their accounts of what happened.
- The educator should write a description of the relationship with the child and with the family or colleague making the accusation. Have there been previous disagreements over caregiving practices? Has the family expressed concern about the care the child is receiving?
- The accused should keep a copy of these statements and give one to the director or designee who will coordinate the investigation from the center's side.
- It is important to discuss the allegation with the director. If parents or colleagues have voiced their concerns, rather than filing a report, the care provider should meet with the director and the parents to discuss the incident.
- If a report has been filed, the accused must prepare to meet with the representatives of the agencies involved: CPS, law enforcement, and/or licensing.
- The accused staff member will need to clarify his/her job status during the investigation. If the program policy is to place a staff member on administrative leave, the teacher should find out from the director when he/she will be allowed to return.

Once the investigations conducted by the program and the authorities are completed, the results may clearly indicate that maltreatment occurred, may vindicate the accused staff member, or may be inconclusive. If the investigation clearly indicates that maltreatment occurred, the program's response must be to terminate the staff member. If the results are inconclusive, the agency will have to make a judgment based on the children's well-being, the concerns of parents and staff, and the agency's future liability if allegations are made in the future. If the staff member is cleared of any wrongdoing, the agency will need to support the individual as he/she returns to work with children and families.

SUMMARY

The recommendations made in this chapter serve several purposes. They minimize the risk of child maltreatment occurring in the program and the risk that parents or other staff will make allegations that child maltreatment has occurred. However, these recommendations also have an impact on the quality of care the program provides to children and their families. Comprehensive staff selection procedures ensure that only the most qualified applicants are hired to work with children. Effective supervision and ongoing training result in motivated and skilled staff implementing the daily program. Operational procedures that encourage parent access to the program and give staff guidance on appropriate ways to discipline and touch children also contribute to program quality. Agencies implementing these recommended practices can feel assured that they are well worth any extra effort involved.

CARING FOR MALTREATED CHILDREN

An early childhood program can be a respite for a child from a troubled family by giving the child positive, safe experiences with other children and adults. Most caregivers of young children professionals have the professional training and experience needed to provide care for children who have been maltreated because maltreated children need the same kinds of consistent, thoughtful, and developmentally appropriate care that other children need, "only more so: more patience, more time, more consistency, and more nurturing."[33] Just as early childhood education professionals help all children to develop cognitively, socially, emotionally, and physically, they can help maltreated children to overcome developmental delays that may result from the abuse or neglect. It is helpful for caregiving professionals to understand the kinds of developmental damage that maltreated children typically experience and learn what techniques are most effective in helping children to heal.

DEVELOPMENTAL ISSUES CONCERNING MALTREATED CHILDREN[34]

Erik Erikson defined a series of stages through which young children pass as they learn to trust the world and become independent. Most maltreated children have not passed through these stages, and therefore their development has been thwarted. Many maltreated children have had little experience learning to gain a sense of control over their own lives, which is crucial to their ability to make choices and decisions. Early childhood education professionals, through the provision of quality care, can help maltreated children learn to trust, develop independence, and experience appropriate levels of control over their lives.

Development of Trust

During the first year of life, most infants learn to *trust* their world. When their needs are met consistently and caringly, infants learn that they are valued and can count on the important adults in their lives to take care of them. As they grow older, they learn that, although their parents may leave them, they will return. This sense of basic trust allows infants to explore their environment, develop new skills, try new activities, and learn how to interact with children and adults. Children who have been maltreated, on the other hand, have lingering fears that they will be abandoned and have little trust in their environment. They may cope with their lack of trust by anxiously seeking attention or by appearing to be very independent and detached from others. Many young children have a hard time during transitions from one activity to the next; however, for children who have not developed trust, these transitions are particularly anxious times. These children feel most comfortable when their environment and daily schedule are consistent. Below are several examples of behaviors exhibited by children who have not learned to trust:

- Theresa cries desperately whenever her caregiver is out of sight. When her caregiver puts her down on the floor to play, she stays close by, never venturing to see what's going on in another part of the room.

- Peter follows Donnie around the room all day. When Donnie leaves an activity, Peter follows him to the next one. Peter doesn't interact with Donnie, he just wants to be near him.

- Kia spends much of the day worrying about her blanket. Her teacher insists that she keep it in her cubbie, but several times a day Kia goes to the cubbie to get it out. If she leaves the blanket at home, she is unable to get to sleep or participate in any activities.

Development of Autonomy

In the second year of life, most toddlers are struggling with their conflicting needs for dependence and *autonomy*. They want their parents and caregivers to be on call to provide assistance but only when they want the assistance and not necessarily when the adults think it is needed. They also want their parents and caregivers to allow them to do things for themselves even when they don't have the necessary skills. When toddlers are allowed to assert their autonomy within acceptable limits, they feel good about their growing abilities and develop a sense of self-worth. This can be a difficult time for parents who feel that they no longer can control their child's behavior.

Some parents would prefer that their children remain dependent because then the child's behavior will remain predictable and manageable. When parents want the child to remain a dependent infant, the child may be very timid and fear exploring the world beyond the home.

Other parents want their children to grow up quickly so they can take care of their parents or be companions. When parents expect children to grow up too fast, the children will usually comply. These children may learn to dress and feed themselves, but they will be immature in other ways. They usually feel great pressure to perform tasks that they know they aren't really capable of. Because they are confused about their own abilities and aren't really able to do everything their parents expect, they often lack confidence and have low self-esteem. Children who have to grow up too fast also may experience role reversal: they become overly concerned about taking care of their parents and perhaps act as the parent's friend or, in extreme cases, the parent's mate or lover.

Children who have not resolved their confusion about developing autonomy become confused about their identity. Their actions often vacillate from one extreme to another: at times they are very affectionate, and at other times they resist being held or touched.

- Justine never asks for help going to the bathroom, washing her hands, tying her shoes, and so on. In fact, she often helps the other children with their self-help routines. She won't try the new puzzles, however; she says that she knows they are too hard for her to do.

- Pablo's first reaction to any new task is to ask for help. He won't try anything unless his caregiver is right beside him telling him how to do it and offering lots of encouragement.

Development of a Sense of Control

From the time they learn they are separate individuals from their mothers, all children are struggling with the issue of control. As they grow and develop, children want and need to gain some control over their own lives. How much control, over what decisions, and how soon are determined by adults based on the child's age, stage of development, skills, temperament, personality, and so on. In infancy, a parent might offer a child two rattles and let the child choose one or the other. A toddler might be offered the choice of wearing her blue overalls or her red ones. A parent might allow a preschooler to decide which of his friends to invite over on the weekend. It is appropriate and healthy for children to control some parts of their lives, and it is what children are eager to do. Despite this eagerness to gain control, children feel most secure when they know that the adults in their lives are making the important decisions. As children grow older, they negotiate with their parents for more control, and when this negotiation is successful, they learn to make their own decisions and to take care of themselves.

Abusive and neglectful parents may attempt to control many aspects of their child's life or give the child too much responsibility. Typically, children who grow up in abusive homes lack consistency. For example, one day a behavior results in a slap, and the next day the same behavior is ignored. This causes the child to feel confused and insecure. The child may exhibit this confusion in the following ways:

- Sara has a very hard time falling asleep at nap time. Even when she is very tired, she can't relax enough to get to sleep.
- Michael is a real tough guy who rarely cries. When he fell off the climber, he just picked himself up and gritted his teeth. Yet when his cookie fell on the floor and broke, he cried hysterically. His teacher had to hold him and rock him for a long time before he calmed down.
- Raoul won't use the big slide in the playground. He's afraid that he might fall off the ladder and get bruised or scraped.

Children who lack a sense of control are likely to express their frustration by being either overly compliant or overly aggressive. It is extremely important that caregiving professionals do not overlook the overly compliant child. These children obey all the rules and do everything they are asked to do because this protects them from the discomfort they feel when they must make choices and decisions. Overly aggressive children gain control of situations by using their misbehavior to provoke adults to lose their tempers. They have learned to get attention through their negative actions and need to learn that they also can get attention through more positive behavior.

CAREGIVING SKILLS AND TECHNIQUES[35]

Helping Children Learn To Trust

Maltreated children need to learn to trust others. This process begins when they learn to trust an adult, such as an early childhood education professional, and continues as they develop positive relationships with their peers. At first, children may withdraw from interactions with staff, or may be very hostile and aggressive. They may expect that the educator will exhibit the same kinds of abusive behavior as did their parents. Over time, they will learn that their caregiver is a person who will maintain an appropriate level of control in their lives and keep them safe. As the children learn to trust, they will feel secure enough to develop relationships with other children and explore their environment and try new activities. Some caregiving practices that help children learn to trust include:

- Staff should follow a consistent schedule each day. If the group is going on a field trip, caregivers should let the child know in advance that a change will be made, and reassure the child that the regular schedule will be followed the next day. Educators may be used to changing the schedule to take advantage of spontaneous "teachable moments." They should continue to do this; however, the maltreated child will need some extra attention to adjust to the change.
- Caregivers can help the child learn to trust by holding a hand on the ladder to the slide or pushing the child on a swing no higher than he/she wants to go.

- Staff should respond to a child's crying even when the child is crying to get attention. Maltreated children have not learned what most children learn in infancy: that their needs will be met by caring adults quickly and consistently. To develop trust, they need to feel that caregivers are available to respond to their cries.

- Where possible, care providers should set up opportunities for the child to cooperate with others. Two children can carry the water table outside or wipe a dirty table. Successful experiences working alongside other children will eventually lead to successful experiences playing together.

- Staff can provide many opportunities for children to participate in dramatic play, stepping in and asking questions to extend the play and providing additional props. Maltreated children can learn to trust from pretending to be the baby in the family. As the other children join in providing bottles, blankets, and attention, the child can learn what it feels like to be cared for.

- Educators should observe children over time to see how behavior has changed. It takes a long time to develop trust, and care providers may not notice the small signs that a child is making progress. Observation notes may show this progress.

Helping Children Develop Autonomy

Children who have not learned to do things for themselves need to learn self-help skills. Children who have been forced to develop too many skills, too soon, need opportunities to relax and develop their real interests and skills. The following are suggested ways to help children learn to feel competent and independent.

- A wide variety of materials should be provided so children can select what they want to use. Staff can display materials so children can get them out and put them away without adult assistance.

- Because a child *can* do something does not mean that the child ***should*** do something. For example, although the child may be very capable of tying all the other children's shoes, he/she should be encouraged to spend time playing with rather than taking care of the other children.

- Educators can provide many open-ended activities that involve no beginning or end and no possibility of failure. For example, children can decide when to join in and leave sand and water play, and there is no right or wrong way to play with these materials.

- Caregivers should provide opportunities for maltreated children to comfort themselves. These include highly repetitive activities such as punching holes in paper and behaviors that might seem regressive such as thumb sucking or rubbing the edge of a blanket.

Helping Children Develop a Sense of Control

It is important to encourage maltreated children to make their own choices. For overly compliant children, the caregiving professional should begin as with a very young child by offering limited options such as, "Would you like a slice of apple or a slice of pear?" As they become more skilled in making decisions, these children can be encouraged to decide what they will paint, what they will build with the blocks, who they will sit next to at lunch, and so on. Some maltreated children will be used to making their own decisions. They are likely to resist attempts to provide them with guidance; however, they will feel more secure knowing that a staff member is looking out for them. Such children may benefit from playing with puppets. They can safely control what the puppets say and do and what happens next. Some other ways to help children gain a sense of control include the following:

- A program should have clay or play dough and a variety of tools children can use to safely cut, poke, roll, and otherwise manipulate the material. In addition to having a calming influence on children, playing with these materials helps children to establish a sense of control. When they poke it they make a hole; when they cut it they make two pieces; when they roll it they make a snake. In short, they decide what to do and witness the concrete results of their actions.

- Caregivers can help children to see the logical consequences, the cause and effect, of their actions. Children need help learning what effect their actions have on what happens to them. It is important to let children know what will happen if they break rules, such as: "If you throw the blocks you will have to find something else to play with." Program staff should show children the effects that their actions have on the other children: "Erik doesn't want to play with you any more because you knocked down his tower." Understanding the relationship between their actions and what happens next will help children learn to make decisions and to gain control over their lives.

- Educators should respond to negative behavior without reinforcing the child's feelings of abandonment. Staff must let the child know that no one will hurt him/her, but the child won't be permitted to hurt anyone else. This lets the child know that the care provider is in control of the situation and will help the child learn to gain control of the negative behavior.

- Caregivers should try to avoid power struggles. If such struggles do occur, it is important that the educator win them. The child will be angry, but he/she will actually feel worse if the care provider is not in control.

Helping the Sexually Abused Child

Sexually abused children have experienced a great deal of upheaval. They need to feel safe and know that they can trust the caregiver not to tell others about what has happened to them. They need to predict their caregiver's behavior and understand expectations for their behavior. Initially, the program's structure will serve as their security. They will need to be told what to do and how to respond. They must borrow from the caregiver's strength and direction until they can mobilize their own.

It is best not to touch a sexual abuse victim, for a touch may cause a chain of flashbacks. After establishing a trusting relationship, the staff member may ask the child if he/she would mind a hand on his/her shoulder and, with the child's permission, the staff member may feel free to touch the child occasionally. To allow the child to experience appropriate intimacy, the caregiver might develop some special way to communicate (a special morning handshake) or share personal information (you liked to climb trees when you were a child).

Children who have been sexually abused may attempt to touch a caregiver in an inappropriate way. The caregiver should discourage this in a kind, friendly way. Sexually and physically abused children need to feel that they are likable. It helps to give children some information about themselves. For example, "You are someone who makes friends easily," or "You are someone who really tries hard to solve difficult problems." These children need to know that program staff look forward to seeing them each day and that they belong in the group.

EDUCATING ALL CHILDREN ABOUT ABUSE AND NEGLECT

One of the major responsibilities of early childhood education professionals is to protect young children from harm. For this reason, many early childhood education programs include personal safety education in the curriculum to help young children learn ways to cope in potentially harmful situations. Children learn that they have a right to privacy and that they do not have to allow adults to touch them if they would prefer not to be touched. Children also learn to express their feelings and discuss their experiences. While such programs do not eliminate all possibilities of abuse or neglect, they help children to develop a sense of when adult behavior toward them is inappropriate. *Personal safety education should not give children the impression that they are responsible for their own safety.* Instead, it should help children learn, in developmentally appropriate ways, how to seek help from caring adults.

At a basic level, personal safety education can teach children their telephone numbers; how to dial "0" or "911"; how to get help at the courtesy desk if they get lost at the store; and what kinds of places to stay away from, such as alleys, garages, and parked cars. This kind of knowledge about the world does not make children fearful. Children feel more in control if they are aware of potential dangers and how to handle them. Personal safety education also addresses more specific topics such as "good or nurturing" versus "bad or harmful" touch, how to say "no" to adults' requests to touch them or otherwise invade their privacy, and telling someone what has happened to them even when another adult tells them that they must keep it a secret. It should also be made clear to the child that the responsibility for protecting him/herself is not entirely on his/her shoulders. Sometimes even when children say "no," the adult sexually abuses the child.

There are many appropriate books and curriculum materials on child sexual abuse and personal safety. Because it is difficult to sift through these to determine which ones would be appropriate for a particular program, administrators should seek expert advice before making a final selection or using these materials. Figure 6 provides a list of questions to consider during the selection process.[36] Early childhood education programs should provide staff training on this topic that is delivered by a professional who is thoroughly familiar with the topic and can help staff to resolve their personal feelings about these complex issues.

FIGURE 6

Questions To Consider When Examining Curricula on Child Sexual Abuse/Personal Safety for Preschool Children

Content

- Does the curriculum teach assertiveness, build self-esteem, and help children develop problem-solving skills?
- Is it recommended for preschool children, and is it actually appropriate for this age group?
- Does the curriculum portray a range of touches that are good and touches that are bad?[36]
- Does it describe verbal and physical abuse?
- Does it teach children to trust their own feelings and instincts?
- Does it teach children whom to tell if they are abused? Does it identify the range of people who make up a child's support system? Will the children understand that there are others they can tell if one person doesn't believe them?
- Do the pictures and examples avoid frightening children? If there are accompanying audiovisuals, do the pictures and music avoid frightening the children?
- Is the curriculum free from bias? Does the material include a variety of male and female, racial and ethnic, and urban and rural situations? Does it avoid stereotypes?
- Is the curriculum sensitive to the learning needs of handicapped children?
- Does the curriculum teach caution with strangers without causing children to fear helpful strangers such as police officers? Are children made aware that most adults are trustworthy?
- Does it discuss family abuse in an appropriate way?
- Is the curriculum compatible with the program's philosophy?
- Does the program stress behavioral enactment of personal safety skills and not simply discussing the issues?

Curriculum Design Features

- Is there a teacher's guide? Does it allow for the fact that the user might be uncomfortable teaching children about sexual abuse and may not be well informed on the subject?
- Are there supplemental materials, with instructions for use, for teachers and parents?
- Does it allow the user to pick and choose from a variety of appropriate activities?
- Does it help the user deal with disclosure if a child confides that he/she is a victim of maltreatment?
- Does it suggest ways to present the materials to parents and ways to involve them?
- Have the materials been pretested with the target population? What are the expected outcomes of using the curriculum? Are the stated purpose and outcome compatible?

SUPPORTING PARENTS AND PREVENTING CHILD MALTREATMENT

Early childhood agencies providing care for young children and supporting their families are in an excellent position to prevent child abuse and neglect. All families benefit from time away from their children; however, for some parents, time away from their children is essential to their ability to function as good parents. Without this respite, they are not able to cope with their child-rearing responsibilities.

For many families, early childhood programs are their only links to the community from the time the child is born until he/she begins school. Programs can provide support to parents to reduce their isolation and help them to develop effective parenting skills. It is not unusual for parents of young children to seek advice about common problems in child rearing, and early childhood programs are a nonthreatening source of such information. Because teachers, caregivers, and providers already are well known to parents and are accepted authorities on child rearing, early childhood programs can play a vital role in improving the quality of parental care and preventing child maltreatment.

PROVIDING ONGOING SUPPORT FOR PARENTS

Recent studies have shown that the most effective early childhood programs are those that actively promote and encourage the involvement of families. Early childhood education programs serve as an extended support system for families just as friends and relatives might have in the past. No matter how much time children spend in child care, their parents are still the most important people in their lives. Supportive relationships with parents enable staff to be more responsive to children's needs and increase parents' abilities to care for their children. Strong partnerships between parents and caregiving professionals should be based on trust, respect, and the understanding that the child's development will be enhanced when all the adults who care for the child work together. Supportive services can help parents feel more competent and relieve some of the stresses that accompany parenthood. When parents feel less stress, they are more likely to interact positively with their children and less likely to take out their frustrations on their children. Specific ways that early childhood education programs can support parents are discussed below.

Developing Positive Relationships With Parents

Early childhood education professionals can show warmth, friendliness, and concern and listen to parents' feelings and thoughts, without making judgments. They can demonstrate respect for parents' views, even when they do not agree with them, and help them to feel competent in their parenting roles. When parents learn to trust caregiving professionals, they will come to them for advice and support during difficult times.

Being Alert to Signs of Stress in Parents

When a family is under stress, the parents may seem disorganized and frequently forget important items, such as diapers or bottles of formula. A parent might seem frustrated when a child is slow to get ready to go home or state that he/she doesn't know how to handle the child's independent behavior. Parents under stress might be unwilling to accept help or more interested in talking about their own problems than their child's. When early childhood education professionals notice these signs of stress, they can discuss them with parents and, if appropriate, refer them to community resources where they can get the assistance they need to learn how to balance their parenting and other responsibilities.

Providing Opportunities for Parents To Become Involved

Many parents of young children are isolated and have little time to establish relationships with other adults. Becoming involved with the program's activities can provide a social network and allow parents to feel connected, thus reducing the isolation that might otherwise lead to child abuse and neglect. Program staff can offer activities such as potluck dinners or parent discussion groups where parents can get to know each other, share similar concerns, and learn techniques that others use to manage their lives.

Communicating Regularly With Parents Concerning Children's Progress

Parents and early childhood education professionals have different perspectives about the child based on how the child behaves at home or at the program. Combining their knowledge about a child gives both adults a total picture of the child and helps them better meet the child's needs. For example, letting a parent know that a teething infant has been cranky all day allows the caregiver to discuss ways to help ease the infant's pain and prepares the parent for the difficult evening ahead. Because the parent knows why the infant is crying, he/she is less likely to be frustrated or angered by the crying and more likely to provide the comfort the child needs.

Providing Parent Education

Parent education includes both group classes and spontaneous conversations between parents and teachers, caregivers, and providers. It addresses topics such as appropriate ways to guide children's behavior, stages of child growth and development, and the role of play in facilitating children's learning. Parents often look to early childhood education professionals for solutions to common childhood behavior problems such as tantrums, biting, bedwetting, and resistance to toilet training. Caregiving professionals are usually able to help parents develop plans to help children change this behavior. Many times, parents who abuse or neglect their children or have the potential to maltreat their children do not know much about child development or parenting. Because these parents have inappropriate expectations for their children's behavior, they may lash out at the children rather than help them learn appropriate behavior. Parent education can help parents understand their children's behavior and learn ways to help children learn self-discipline. If an early childhood education agency does not offer its own parent education programs, staff can refer parents to programs in the community.

Modeling Developmentally Appropriate Practices

During dropoff and pickup times and longer visits during the day, early childhood education professionals, without any extra effort or planning, model for parents what are developmentally appropriate ways to meet children's needs. Parents might see a caregiver encouraging a toddler to help put away the blocks, taking the time to talk and laugh with an infant as she diapers him, or asking a preschooler a question about his painting: "Tell me how you made these long, squiggly lines." The parent might comment: "I can't get her to put her toys away at home," "She squirms around so much at home I just want to get the diaper changed as quickly as possible," or "All his paintings look the same to me." The caregiver can use these parent comments to open a conversation about why they encouraged the toddler's self-help skills, took advantage of the diapering routine to communicate with the infant, or supported the preschooler's creativity by asking about his painting. Caregiving professionals demonstrate positive ways of working with children that can help parents improve their interactions with their children.

Providing Information About Community Resources

In addition to problems directly related to raising their children, parents may face problems that the early childhood program cannot address. It is unrealistic to expect that early childhood programs can handle all of the problems faced by today's parents. For example, parents might complain to staff about problems communicating with their spouses or establishing credit so they can buy a much-needed car. While these problems can have an effect on the child's well-being, clearly the agency cannot provide direct assistance with these concerns. It can, however, provide information about other community agencies that will provide the needed assistance. The agency can maintain a bulletin board listing events and services available in the community, and staff can establish personal contacts with individuals at other agencies.

SPECIAL ISSUES IN SUPPORTING FAMILIES EXPERIENCING CHILD ABUSE AND NEGLECT

All of the activities described above will support abusive and neglectful parents. Additionally, parents need opportunities to become involved in their child's daily activities; to learn about child development, appropriate expectations, and positive guidance techniques; and to focus on the future. Early childhood education agencies can provide support in various ways.

- **Schedule more frequent conferences** to discuss the child's progress in the program. These are opportunities to give parents feedback, share information about the child's home and program activities, and assess the need for referrals to other agencies. If referrals are needed, staff can provide the information during the conference. Conferences also are opportunities for parents to communicate with staff about their problems and their own progress, which can help parents feel less isolated.

- **Conduct home visits** to see the child's home environment firsthand and possibly avert potential problems. Home visits give parents a sense of the program's concern for them and their child. Early childhood education professionals may be the only individuals who visit the parents in their home; parents may perceive them as helpful and nonthreatening.

- **Focus on the future in discussions with parents** and how the program can help counteract the effects caused by a child's developmental lags. When parents are included in discussions about the child's future, they are often relieved to be able to contribute to meeting the child's needs.

- **Help parents experience success by averting potential problems.** When caregiving professionals observe that a parent appears to be getting upset, they can step in to help. "Let me help you find that mitten. It must have dropped on the floor."

- **Help parents get to know their children by telling them what good things have taken place during the day.** "Sammy tried a new vegetable today, green beans. And I think he liked them."

- **Set up a parent library** with guidance materials for parents to borrow.

The most important way early childhood education professionals support families experiencing child maltreatment is by providing a safe and caring place for the child while the parents learn nonabusive ways of coping with their problems. Most of these parents are capable of learning new ways to handle their lives, and time away from their parenting responsibilities is time they can use to plan for a better future.

GLOSSARY OF TERMS

Bad Touch - a term used by primary prevention programs for children to describe hitting, punching, biting, erotic touch, and other acts that hurt children.

Child Protective Services (CPS) - the designated social service agency (in most States) to receive, investigate, and provide rehabilitation services to children and families with problems of child maltreatment. Frequently, this agency is located within larger public social services agencies, such as Departments of Social Services or Human Services.

Confidentiality - a provision in all State child abuse and neglect reporting laws that protects the privacy of children and families by not permitting information about the finding of the child maltreatment report to be released to other agencies without permission of the family. In some States, members of multidisciplinary teams may receive information without a release of information.

Confusing Touch - a term used by primary prevention programs for children to describe any type of contact that "does not feel right."

Good Faith - the standard used to determine if a reporter has a reason to "suspect" that child abuse or neglect has occurred. In general, good faith applies if any reasonable person given the same information would draw a conclusion that a child "may" have been abused or neglected.

Good Touch - a term used by primary prevention programs for children to describe hugs, encouraging pats, and other gestures that are not erotic.

Immunity - established in all child abuse laws to protect reporters from civil lawsuits and criminal prosecution resulting from filing a report of child abuse and neglect. This immunity is provided as long as the report is made in "good faith."

Juvenile and Family Courts - established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Mandated Reporter - one who in his/her professional capacity is required by State law to report "suspected" cases of child maltreatment to the designated State agency. Some States clearly spell out that teachers, principals, nurses, and counselors are included, while other States designate all school personnel.

Multidisciplinary Team - established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid decisions at various stages of the child protection system case process. These teams may also be designated by different names, including child protection teams or case consultation teams.

Out-of-Home Care - child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside of their families, usually under the jurisdiction of the juvenile and family court.

Parent/Caretaker - person responsible for the care of the child.

Penalty for Failure to Report - All State child abuse reporting laws delineate penalties for failing to report suspected instances of child abuse to the designated State agency. The penalty usually consists of a charge of a misdemeanor, which can result in a fine or time in jail.

Reporting Laws - all States have child abuse and neglect reporting laws that mandate who must report "suspected" child abuse and neglect cases, which agencies are charged with investigating alleged instances, and the responsibility of State and local agencies in responding to these children and families.

Reporting Policies/Procedures - written referral procedures established by schools and other professional agencies with a mandated responsibility to report suspected child abuse and neglect cases that delineate how to initiate a suspected child maltreatment report and to whom it should be made.

Substantiated - a finding made by CPS after investigating a child abuse or neglect report indicating that credible evidence exists that child maltreatment did occur. The criteria used to substantiate a report are different in each State. Other terms used by some States are "founded," "supported," or "indicated."

Survivors - a term frequently used to refer to adults who were abused or neglected as children.

Unsubstantiated - a finding made by CPS after investigating a child abuse or neglect report indicating that there was insufficient evidence to support that child maltreatment occurred. In some States, the term "unfounded" is used.

NOTES

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AUDIOVISUALS AND PUBLIC AWARENESS MATERIALS

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